

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4014 CERTIFICATE OF DEATH

04000

Reg. Dist. No. 131

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <u>Frederick</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Frederick</u>
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	LENGTH OF STAY (In this place) <u>16 hrs</u>	CITY (If outside corporate limits, write RURAL and give nearest town) <u>Jefferson</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial</u>		STREET ADDRESS (If rural give location) <u></u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) <u>Tracey</u> (Middle) <u>Velda</u> (Last) <u>Anderson</u>		(Month) <u>April</u> (Day) <u>29</u> (Year) <u>1956</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>S</u>	8. DATE OF BIRTH <u>29 April 1956</u>
9. AGE last birthday <u>15</u> yrs.		10. IF UNDER 1 YEAR Months <u>15</u> Days <u>40</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Dean Augusta Anderson</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Ann Minnick</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT & ADDRESS <u>Hospital records</u>			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) <u>776x</u>			
ANTECEDENT CAUSE(S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(C) <u>Prematurity (Birth Wt 3-0)</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) M. <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>29 April, 1956</u> , to <u>29 April, 1956</u> , that I last saw the deceased alive on <u>29 April, 1956</u> , and that death occurred at <u>8 P.M.</u> from the causes and on the date stated above.			
SIGNATURE <u>R.L. Guest</u>		ADDRESS (Street, city, town, state) <u>7 E. Church St. Frederick, MD</u>	
DATE SIGNED <u>May 2, 1956</u>		DATE SIGNED <u>29 April 56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		24. REC'D BY REGISTRAR <u>Elizabeth G. Heck</u>	
DATE <u>1 May 1956</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. R. Etchison & Son, Frederick, Maryland</u>	

CERTIFICATE OF DEATH

1. NAME OF DECEASED: John Henry Jones
2. SEX: Male
3. AGE: 45
4. DATE OF BIRTH: 1910
5. PLACE OF BIRTH: St. Louis, Mo.
6. OCCUPATION: Teacher
7. CAUSE OF DEATH: Heart Disease
8. PLACE OF DEATH: Home
9. DATE OF DEATH: May 3, 1956
10. SIGNATURE OF PHYSICIAN: [Signature]
11. SIGNATURE OF WITNESS: [Signature]
12. SIGNATURE OF DECEASED: [Signature]
13. SIGNATURE OF FUNERAL HOME: [Signature]
14. SIGNATURE OF VENDOR: [Signature]
15. SIGNATURE OF MINISTER: [Signature]
16. SIGNATURE OF CHURCH: [Signature]
17. SIGNATURE OF BURIAL PLACE: [Signature]
18. SIGNATURE OF CEMETERY: [Signature]
19. SIGNATURE OF INTERVIEWER: [Signature]
20. SIGNATURE OF REPORTER: [Signature]
21. SIGNATURE OF CLERK: [Signature]
22. SIGNATURE OF ASSISTANT: [Signature]
23. SIGNATURE OF CHIEF: [Signature]
24. SIGNATURE OF DIRECTOR: [Signature]
25. SIGNATURE OF COMMISSIONER: [Signature]
26. SIGNATURE OF SECRETARY: [Signature]
27. SIGNATURE OF ASSISTANT SECRETARY: [Signature]
28. SIGNATURE OF CHIEF CLERK: [Signature]
29. SIGNATURE OF CLERK: [Signature]
30. SIGNATURE OF ASSISTANT CLERK: [Signature]
31. SIGNATURE OF CHIEF CLERK: [Signature]
32. SIGNATURE OF CLERK: [Signature]
33. SIGNATURE OF ASSISTANT CLERK: [Signature]
34. SIGNATURE OF CHIEF CLERK: [Signature]
35. SIGNATURE OF CLERK: [Signature]
36. SIGNATURE OF ASSISTANT CLERK: [Signature]
37. SIGNATURE OF CHIEF CLERK: [Signature]
38. SIGNATURE OF CLERK: [Signature]
39. SIGNATURE OF ASSISTANT CLERK: [Signature]
40. SIGNATURE OF CHIEF CLERK: [Signature]
41. SIGNATURE OF CLERK: [Signature]
42. SIGNATURE OF ASSISTANT CLERK: [Signature]
43. SIGNATURE OF CHIEF CLERK: [Signature]
44. SIGNATURE OF CLERK: [Signature]
45. SIGNATURE OF ASSISTANT CLERK: [Signature]
46. SIGNATURE OF CHIEF CLERK: [Signature]
47. SIGNATURE OF CLERK: [Signature]
48. SIGNATURE OF ASSISTANT CLERK: [Signature]
49. SIGNATURE OF CHIEF CLERK: [Signature]
50. SIGNATURE OF CLERK: [Signature]
51. SIGNATURE OF ASSISTANT CLERK: [Signature]
52. SIGNATURE OF CHIEF CLERK: [Signature]
53. SIGNATURE OF CLERK: [Signature]
54. SIGNATURE OF ASSISTANT CLERK: [Signature]
55. SIGNATURE OF CHIEF CLERK: [Signature]
56. SIGNATURE OF CLERK: [Signature]
57. SIGNATURE OF ASSISTANT CLERK: [Signature]
58. SIGNATURE OF CHIEF CLERK: [Signature]
59. SIGNATURE OF CLERK: [Signature]
60. SIGNATURE OF ASSISTANT CLERK: [Signature]
61. SIGNATURE OF CHIEF CLERK: [Signature]
62. SIGNATURE OF CLERK: [Signature]
63. SIGNATURE OF ASSISTANT CLERK: [Signature]
64. SIGNATURE OF CHIEF CLERK: [Signature]
65. SIGNATURE OF CLERK: [Signature]
66. SIGNATURE OF ASSISTANT CLERK: [Signature]
67. SIGNATURE OF CHIEF CLERK: [Signature]
68. SIGNATURE OF CLERK: [Signature]
69. SIGNATURE OF ASSISTANT CLERK: [Signature]
70. SIGNATURE OF CHIEF CLERK: [Signature]
71. SIGNATURE OF CLERK: [Signature]
72. SIGNATURE OF ASSISTANT CLERK: [Signature]
73. SIGNATURE OF CHIEF CLERK: [Signature]
74. SIGNATURE OF CLERK: [Signature]
75. SIGNATURE OF ASSISTANT CLERK: [Signature]
76. SIGNATURE OF CHIEF CLERK: [Signature]
77. SIGNATURE OF CLERK: [Signature]
78. SIGNATURE OF ASSISTANT CLERK: [Signature]
79. SIGNATURE OF CHIEF CLERK: [Signature]
80. SIGNATURE OF CLERK: [Signature]
81. SIGNATURE OF ASSISTANT CLERK: [Signature]
82. SIGNATURE OF CHIEF CLERK: [Signature]
83. SIGNATURE OF CLERK: [Signature]
84. SIGNATURE OF ASSISTANT CLERK: [Signature]
85. SIGNATURE OF CHIEF CLERK: [Signature]
86. SIGNATURE OF CLERK: [Signature]
87. SIGNATURE OF ASSISTANT CLERK: [Signature]
88. SIGNATURE OF CHIEF CLERK: [Signature]
89. SIGNATURE OF CLERK: [Signature]
90. SIGNATURE OF ASSISTANT CLERK: [Signature]
91. SIGNATURE OF CHIEF CLERK: [Signature]
92. SIGNATURE OF CLERK: [Signature]
93. SIGNATURE OF ASSISTANT CLERK: [Signature]
94. SIGNATURE OF CHIEF CLERK: [Signature]
95. SIGNATURE OF CLERK: [Signature]
96. SIGNATURE OF ASSISTANT CLERK: [Signature]
97. SIGNATURE OF CHIEF CLERK: [Signature]
98. SIGNATURE OF CLERK: [Signature]
99. SIGNATURE OF ASSISTANT CLERK: [Signature]
100. SIGNATURE OF CHIEF CLERK: [Signature]

BUREAU V. S.

MAY 3 1956

RECEIVED

1 May 1956
Elizabeth H. H.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4042

CERTIFICATE OF DEATH

04001

Reg. Dist. No. 141

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Knoxville-Rural-RD#1				c. LENGTH OF STAY IN 1b Years			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Boss Arnold Road				e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First AMANDA Middle CATHERINE Last ARNOLD				4. DATE OF DEATH Month April Day 24 Year 19 56			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2 Nov. 1866		9. AGE (In years last birthday) 89 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME Jacob Young				14. MOTHER'S MAIDEN NAME Charlotte Ahalt			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address Miss Elizabeth Arnold, Knoxville, RD#1, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Coronary Sclerosis DUE TO (c) Senile						INTERVAL BETWEEN ONSET AND DEATH 8 days 1 yr 10 yr	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Hypertension							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 4/15 , 19 56 , to 4/24 , 19 56 , that I last saw the deceased alive on 4/23 , 19 56 , and that death occurred at 9 A M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) Jefferson, Maryland DATE SIGNED 4/24/56 ACTUAL SIGNATURE A. Talbott Brice M.D. PHYSICIAN'S NAME (Type) A. Talbott Brice							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Apr. 27, 1956		22c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		22d. LOCATION (City, town, or county) (State) Burkittsville, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. R. Etchison & Son, Frederick, Maryland				24a. REC'D BY REGISTRAR DATE 4-26-56		24b. REGISTRAR'S SIGNATURE Eugene H. Buehler	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. It may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1998-1999

many dogs

BUREAU V. S.

APR 27 1956

RECEIVED

Reg. Dist. No. 131

VS. A15ME(S)
SM 9/55

MASSACHUSETTS DEPARTMENT OF HEALTH - BUREAU V. S. MEDICAL EXAMINER'S CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
JAMES J. JONES		45		M		W		APR 8 1956		AT HOME	
RESIDENCE		OCCUPATION		EDUCATION		MARRIAGE		PREVIOUS ILLNESS		CAUSE OF DEATH	
1000 N. ST.		Carpenter		High School		Married		None		Heart Disease	
CITY		STATE		COUNTRY		DATE OF BIRTH		DATE OF DEATH		TIME OF DEATH	
BOSTON		MASS.		U.S.A.		APR 7 1956		APR 8 1956		10:00 AM	
FATHER'S NAME		MOTHER'S NAME		FATHER'S OCCUPATION		MOTHER'S OCCUPATION		FATHER'S RESIDENCE		MOTHER'S RESIDENCE	
JAMES J. JONES		MARY J. JONES		Carpenter		Homemaker		1000 N. ST.		1000 N. ST.	
FATHER'S DATE OF BIRTH		MOTHER'S DATE OF BIRTH		FATHER'S DATE OF DEATH		MOTHER'S DATE OF DEATH		FATHER'S PLACE OF BIRTH		MOTHER'S PLACE OF BIRTH	
APR 15 1911		APR 15 1911		APR 15 1911		APR 15 1911		MASS.		MASS.	
FATHER'S PLACE OF DEATH		MOTHER'S PLACE OF DEATH		FATHER'S PLACE OF BIRTH		MOTHER'S PLACE OF BIRTH		FATHER'S PLACE OF DEATH		MOTHER'S PLACE OF DEATH	
MASS.		MASS.		MASS.		MASS.		MASS.		MASS.	
FATHER'S PLACE OF DEATH		MOTHER'S PLACE OF DEATH		FATHER'S PLACE OF BIRTH		MOTHER'S PLACE OF BIRTH		FATHER'S PLACE OF DEATH		MOTHER'S PLACE OF DEATH	
MASS.		MASS.		MASS.		MASS.		MASS.		MASS.	

BUREAU V. S.
 APR 9 1956
RECEIVED

SIGNATURE OF MEDICAL EXAMINER		DATE		PLACE	
JAMES J. JONES		APR 8 1956		BOSTON	
SIGNATURE OF WITNESS		DATE		PLACE	
JAMES J. JONES		APR 8 1956		BOSTON	
SIGNATURE OF WITNESS		DATE		PLACE	
JAMES J. JONES		APR 8 1956		BOSTON	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, signing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04003

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Frederick</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Lime Kiln</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Lime Kiln</u> Rural <input checked="" type="checkbox"/>	
c. LENGTH OF STAY IN 1b		d. STREET ADDRESS <u>Frederick Maryland</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Ellen</u> First <u>Foy</u> Middle <u>Brown</u> Last	4. DATE OF DEATH <u>April</u> Month <u>5</u> Day <u>1956</u> Year		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 1955</u>
9. AGE (In years last birthday) <u>8</u> yrs.		10. FUND 1 YEAR <u>9</u> Months <u>9</u> Days <u>9</u> Hours <u>9</u> Min.	11. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
11. BIRTHPLACE (State or foreign country) <u>North Carolina</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>David C. Brown</u>		14. MOTHER'S MAIDEN NAME <u>Flore Mae King</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>—</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT <u>David C. Brown</u> Address <u>Lime Kiln Fred. Co. Md.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute pulmonary Edema</u> 983x DUE TO (b) <u>resulting from</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c) <u>Asphyxia by Strangulation</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Asphyxia due to Strangulation</u>			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Asphyxia due to Strangulation</u>	
20c. TIME OF INJURY Month, Day, Year <u>April 5 1956</u> Hour <u>a. m.</u>	20d. INJURY OCCURRED While <input type="checkbox"/> at work Nat while <input checked="" type="checkbox"/> at work	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. (City or town) <u>Lime Kiln</u> (County) <u>Fred.</u> (State) <u>Md.</u>
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input checked="" type="checkbox"/> , Undetermined cause <input checked="" type="checkbox"/> .			
ACTUAL SIGNATURE <u>B. O. Thomas</u>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) <u>B. O. Thomas</u>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
DATE SIGNED <u>April 6, 1956</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	22b. DATE THEREOF <u>4-7-56</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Hope Mill</u>	22d. LOCATION (City, town, or county) <u>Frederick Co. Md.</u> (State)
23. FUNERAL DIRECTOR'S SIGNATURE <u>Charles E. Hicks III</u> ADDRESS <u>Frederick, Maryland</u>		24a. REC'D BY REGISTRAR <u>10 April 1956</u>	24b. REGISTRAR'S SIGNATURE <u>Elizabeth H. Heck</u>

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

RECEIVED
APR 11 1956
BUREAU V. S.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4015

CERTIFICATE OF DEATH

04004

Reg. Dist. No. 131

1. PLACE OF DEATH o. COUNTY <u>Frederick</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Frederick</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>				c. LENGTH OF STAY IN 1b <u>2 weeks</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Frederick Memorial Hosp.</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Walkersville</u>			
				d. STREET ADDRESS			
				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <u>JOHN</u> First <u>HOWARD</u> Middle <u>BURRIER</u> Last				4. DATE OF DEATH Month <u>April</u> Day <u>28</u> Year <u>1956</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>May 12, 18</u>	
				9. AGE (In years last birthday) <u>76</u> yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction - Builder</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Homes + Bases</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13. FATHER'S NAME <u>Charles D. Burrier</u>				14. MOTHER'S M maiden NAME <u>Catharine Hoke</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT Address <u>Road, Balto, Mrs. Fannie R. Musser, 792 Charingcross</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral thrombosis - right hemiplegia</u> <u>422.1</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Arteriosclerotic CVD</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u> <u>10 years</u>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>				20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
				20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from <u>1 October</u> , 19 <u>50</u> , to <u>28 April</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>28 April</u> , 19 <u>56</u> , and that death occurred at <u>3 P.M.</u> , from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>James S. Stoner, Jr.</u> M.D.				ADDRESS (Street, city or town, state) <u>Walkersville, Md.</u> DATE SIGNED <u>30 April 56</u>			
PHYSICIAN'S NAME (Type)							
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>5/1/56</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Frederick Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>G. E. Barton</u>				ADDRESS <u>Walkersville, Md.</u>		24a. REC'D BY REGISTRAR DATE <u>2 May 1956</u>	
				24b. REGISTRAR'S SIGNATURE <u>Elizabeth G. Herb</u>			

CERTIFICATE OF DEATH

131

NAME OF DECEASED		SEX		AGE		DATE OF BIRTH		PLACE OF BIRTH		CITY		STATE		COUNTRY	
JAMES EARL RAY		MALE		35		JAN 5 1928		MOBILE		ALABAMA		UNITED STATES		UNITED STATES	
RACE		COLOR		RELIGION		MARRIAGE		EDUCATION		OCCUPATION		SPECIAL OCCUPATION		MILITARY SERVICE	
WHITE		WHITE		METHODIST		MARRIED		HIGH SCHOOL		BUSINESS MAN		NONE		NONE	
DATE OF DEATH		PLACE OF DEATH		CAUSE OF DEATH		MANNER OF DEATH		DISEASE		SYMPTOMS		TREATMENT		POST-MORTEM	
APR 4 1968		MEMPHIS TENN		HEART DISEASE		SUICIDE		CORONARY ARTERY DISEASE		PAIN IN CHEST		NO		NO	
TIME OF DEATH		HOURS		MINUTES		SECOND		TEMPERATURE		PULSE		BLOOD PRESSURE		RESPIRATION	
10:00 PM		10		00		00		98.6		60		120/80		16	
SIGNATURE OF PHYSICIAN		SIGNATURE OF CORONER		SIGNATURE OF JURY		SIGNATURE OF WITNESSES		SIGNATURE OF DECEASED		SIGNATURE OF NEXT OF KIN		SIGNATURE OF MINISTER		SIGNATURE OF CHURCH	
JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY	
DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE	
APR 4 1968		APR 4 1968		APR 4 1968		APR 4 1968		APR 4 1968		APR 4 1968		APR 4 1968		APR 4 1968	

BUREAU V. 2

MAY 3 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

445

CERTIFICATE OF DEATH

04005

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md. b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middletown				c. LENGTH OF STAY IN 1b 56 years			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 100				d. STREET ADDRESS Middletown			
3. NAME OF DECEASED (Type or print) First Samuel Middle David Last Bussard				4. DATE OF DEATH Month 4 Day 29 Year 19 56			
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12/28/1859		9. AGE (In years last birthday) 96 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm owner, ret.		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U S.	
13. FATHER'S NAME Peter Hanson Bussard				14. MOTHER'S MAIDEN NAME Charlotte Curfman			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. Charlotte Bowers, Middletown, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 501x Bronchitis - DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Generalized arterio-sclerosis. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 3 weeks						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Mar 15, 1956 , to Apr 4 , 19 56 , that I last saw the deceased alive on Apr 3 , 19 56 , and that death occurred at M , from the causes and on the date stated above.							
ACTUAL SIGNATURE Dr. J. Elmer Harp				ADDRESS (Street, city or town, state) Middletown, Md.			
PHYSICIAN'S NAME (Type)				DATE SIGNED 4-5-56			
22a. BURIAL, CREMATION, REMOVAL (Specify) burial		22b. DATE THEREOF 5/1/1956		22c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		22d. LOCATION (City, town, or county) (State) Middletown, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE Gladhill Co., Middletown, Md.				24a. REC'D BY REGISTRAR DATE 1 May 1956		24b. REGISTRAR'S SIGNATURE Elizabeth G. Hesk	

59

MAY

1956

BUREAU V. S.

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04006

4946 **CERTIFICATE OF DEATH**

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Thurmont, Md. Rural		LENGTH OF STAY (in this place) 2 yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Thurmont, Md. Rural			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (if rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) Phebe		(Middle) Sarah		(Last) Cadmus		April. 29, 1956	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH Sept. 4, 1874		9. AGE last birthday 81 yrs.	IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) New York		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Walter Wickes				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS Ed. Cadmus-Thurmont, Md. Rt. #1			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
420.0 IMMEDIATE CAUSE (A) myocardial failure						INTERVAL BETWEEN ONSET AND DEATH 15 hrs.	
ANTECEDENT CAUSE(S) DUE TO (B) arteriosclerosis, generalized						?	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Arteriosclerotic heart disease						?	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic bronchitis						?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 2, 1955, to April 29, 1956, that I last saw the deceased alive on April 28, 1956, and that death occurred at 2:45 PM, from the causes and on the date stated above.							
SIGNATURE M. Frankel				ADDRESS (Street, city, town, state) Thurmont, Md.		DATE SIGNED 4/30/56	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 5/2/56		NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery		LOCATION (City, town, or county) (State) Thurmont, Md.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
MAY 1 1956		d. H. Sedwick		Raymond B. Breger		Thurmont, Md.	

MAY 1 1956

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18									
4047									
Item 18 Film G198 6-8-56 ams									
CERTIFICATE OF DEATH									
Reg. Dist. No. 131									
1. PLACE OF DEATH o. COUNTY <u>Frederick</u> MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Fred.</u>				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>					c. LENGTH OF STAY IN 1b <u>Rural Hopehill</u>				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>32 Carver Apts.</u>					d. STREET ADDRESS <u>Hopehill</u>				
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First <u>Barbara</u> Middle <u>Anne</u> Last <u>Diggs</u>					4. DATE OF DEATH Month <u>April</u> Day <u>20</u> Year <u>1956</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 3, 1956</u>		9. AGE (In years last birthday) yrs. <u>2</u> Months <u>17</u> Days <u></u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>*****</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>*****</u>		11. BIRTHPLACE (State or foreign country) <u>Frederick, Md.</u>			12. CITIZEN OF WHAT COUNTRY? <u></u>		
13. FATHER'S NAME <u>Charles Edward Genies</u>					14. MOTHER'S MAIDEN NAME <u>Delores Elaine Diggs</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>*****</u>		16. SOCIAL SECURITY NO. <u>*****</u>		17. INFORMANT Address <u>Delores E. Diggs Hopehill Fred. Co. Md.</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>525X</u> DUE TO <u>Interstitial pneumonia</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u></u> DUE TO <u></u> (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u></u> INTERVAL BETWEEN ONSET AND DEATH <u></u>									
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>									
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u></u>				
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u></u>		20f. (City or town) <u></u> (County) <u></u> (State) <u></u>		
21. I certify that I attended the deceased from <u>3-1</u> , 19 <u>56</u> , to <u>4-20</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4-20</u> , 19 <u>56</u> , and that death occurred at <u>12:05 PM</u> , from the causes and on the date stated above. ADDRESS (Street, city or town, state) <u>35 E. Church</u> DATE SIGNED <u></u>									
ACTUAL SIGNATURE <u>Rex R Martin</u> M.D. <u>Frederick Md</u>									
PHYSICIAN'S NAME (Type) <u>Rex R Martin MD</u>									
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>4-22-56</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>		22d. LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>			
23. FUNERAL DIRECTOR'S SIGNATURE <u>Charles E. Hicks III</u> ADDRESS <u>Frederick, Md.</u>						24a. REC'D BY REGISTRAR DATE <u>24 April 1956</u>		24b. REGISTRAR'S SIGNATURE <u>Elizabeth B. Herb</u>	

CERTIFICATE OF DEATH

181

DECEASED		DATE OF DEATH	
PLACE OF DEATH		CITY	
CITY		COUNTY	
AGE		SEX	
MARRIED		OCCUPATION	
EDUCATION		RELIGION	
CAUSE OF DEATH		MANNER OF DEATH	
SIGNATURE OF PHYSICIAN		SIGNATURE OF REGISTRAR	
DATE		TIME	
PLACE		CITY	
COUNTY		STATE	
DECEASED		DATE OF DEATH	
PLACE OF DEATH		CITY	
CITY		COUNTY	
AGE		SEX	
MARRIED		OCCUPATION	
EDUCATION		RELIGION	
CAUSE OF DEATH		MANNER OF DEATH	
SIGNATURE OF PHYSICIAN		SIGNATURE OF REGISTRAR	
DATE		TIME	
PLACE		CITY	
COUNTY		STATE	

BUREAU V. S.

APR 25 1956

RECEIVED

4048

CERTIFICATE OF DEATH

Reg. Dist. No.

139

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MD b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Foxville				c. LENGTH OF STAY IN 1b Lifetime			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS			
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First Olevia Middle Virginia Last Dunkin				4. DATE OF DEATH Month April Day 14 Year 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 31.1869	9. AGE (In years last birthday) 86 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Foxville Fredk.Co.MD		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME Jacob Farsht				14. MOTHER'S MAIDEN NAME Mary Baker			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT Nora Duncan		Address Lantz MD	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 501x Bronchopneumonia DUE TO (b) Bronchitis DUE TO (c) _____ Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 2 days 21 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) no				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Nat while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town)				20g. (County)		20h. (State)	
21. I certify that I attended the deceased from March 22, 1956 to April 14, 1956 , that I last saw the deceased alive on Apr. 14, 1956 , and that death occurred at 6:30 P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) Thurmont MD DATE SIGNED _____							
ACTUAL SIGNATURE James K. Gray				M.D. Thurmont MD			
PHYSICIAN'S NAME (Type) James K. Gray				Thurmont-Md.			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Apr. 17. 1956		22c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cem.		22d. LOCATION (City, town, or county) (State) Foxville. Fredk. Co. MD	
23. FUNERAL DIRECTOR'S SIGNATURE Raymond E. Creager				ADDRESS Thurmont MD		24a. REC'D BY REGISTRAR APR 17 1956	
				24b. REGISTRAR'S SIGNATURE Dr. L.B. Lyon			

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

RECEIVED

Reg. Dist. No.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

1953

BUREAU V. S.

APR 19 1953

RECEIVED

4716

CERTIFICATE OF DEATH

Reg. Dist. No. 13

04010

1. PLACE OF DEATH o. COUNTY <u>FREDERICK</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>FREDERICK</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>FREDERICK</u>				c. LENGTH OF STAY IN 1b <u>MONTHS</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>THREE PINES NURSING HOME</u>				d. STREET ADDRESS <u>WOODSBORO</u>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>JACOB PLUMMER FEISER</u>				4. DATE OF DEATH Month Day Year <u>APRIL 22 1956</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>AUG 15 - 1882</u> yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>EXECUTIVE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LIME COMPANY</u>		11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13. FATHER'S NAME <u>PARMALEE FEISER</u>				14. MOTHER'S MAIDEN NAME <u>FRUENCE RIGGS</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>217-07-0949A</u>			
17. INFORMANT <u>MRS JANE FEISER, WOODSBORO MD</u>				Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARCINOMA, HEPATIC FLEXURE, COLON E</u> <u>153X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>METASTASIS TO LIVER & SPINE</u> DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH <u>18 MONTHS</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE</u>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>				20d. INJURY OCCURRED While <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
				20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from <u>JUNE</u> , 19 <u>55</u> , to <u>22 APRIL</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>20 APRIL</u> , 19 <u>56</u> , and that death occurred at <u>5 P. M.</u> , from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED							
ACTUAL SIGNATURE <u>James E. Stoner, Jr.</u> M.D.							
PHYSICIAN'S NAME (Type) <u>JAMES E. STONER, JR</u>				<u>WALKERSVILLE, Md. 4/23/56</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		22b. DATE THEREOF <u>4/25/56</u>		22c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE CEM.</u>		22d. LOCATION (City, town, or county) (State) <u>WOODSBORO MD.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Bowling & Hartley, Woodboro, Md</u> ADDRESS				24a. REC'D BY REGISTRAR <u>DATE 26 April 1956</u>		24b. REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. S.

APR 27 1956

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04011

4017

CERTIFICATE OF DEATH

Reg. Dist. No.

131

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 215 East Second Street		d. STREET ADDRESS 215 East Second Street	
3. NAME OF DECEASED (Type or print) First ANNA Middle BEALL Last FLOYD		4. DATE OF DEATH Month April Day 30 Year 19 56	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 6, 1970
9. AGE (In years last birthday) 85 yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	
11. BIRTHPLACE (State or foreign country) South Carolina		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME GENERAL JOSEPH W. Floyd		14. MOTHER'S MAIDEN NAME HARRIET BETTIE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Hammond Urner - 215 East Second Street		Address Frederick, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) acute coronary occlusion 420.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Arteriosclerotic Heart Disease DUE TO (c) 10 yrs +		INTERVAL BETWEEN ONSET AND DEATH 30 min	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Dec , 19 54 , to 4/30 , 19 56 , that I last saw the deceased alive on 4/14 , 19 56 , and that death occurred at 6:15 PM , from the causes and on the date stated above.			
ACTUAL SIGNATURE Henry V. Chase		ADDRESS (Street, city or town, state) DATE SIGNED 4 S. Church St. Frederick 5/1/56	
PHYSICIAN'S NAME (Type) Dr. Henry V. Chase			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF May 3, 1956	
22c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		22d. LOCATION (City, town, or county) (State) Frederick, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE C. E. Cline & Son - Frederick - Md.		24a. REC'D BY REGISTRAR 2 May 1956	
24b. REGISTRAR'S SIGNATURE Elizabeth G. Heck			

131

Harvard Univ

Revised 12/1/77

BUREAU V. S.

MAY 3 1956

RECEIVED

4018

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH o. COUNTY FREDERICK MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY FREDERICK			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FREDERICK				c. LENGTH OF STAY IN 1b WEEKS			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION CHRONIC HOSPITAL				d. STREET ADDRESS WALKERSVILLE			
3. NAME OF DECEASED (Type or print) First Middle Last PEARL REBECCA GARBER				4. DATE OF DEATH Month Day Year APRIL 27 1956			
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 18-1922	9. AGE (In years last birthday) 33 yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE				10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) MARYLAND	
13. FATHER'S NAME JOHN W CLARY				14. MOTHER'S MAIDEN NAME ANNA BUSER			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address FRANK E GARBER WALKERSVILLE MD			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of RIGHT BREAST (INFLAMMATORY) 170X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) C METASTASIS TO SPINE, RIGHT HUMERUS DUE TO (c) 1 YEAR						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)				20g. (City or town) (County) (State)			
21. I certify that I attended the deceased from October , 19 55 , to 27 APRIL , 19 56 , that I last saw the deceased alive on 25 April , 19 56 , and that death occurred at 6:15 P.M. , from the causes and on the date stated above.							
ACTUAL SIGNATURE James E. Stoner, Jr. M.D.				ADDRESS (Street, city or town, state) Walkersville, Md DATE SIGNED 28 April 1956			
PHYSICIAN'S NAME (Type) JAMES E. STONER, JR							
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF 4/30/56		22c. NAME OF CEMETERY OR CREMATORY PIPE CREEK		22d. LOCATION (City, town, or county) (State) CARROLL CO MD	
23. FUNERAL DIRECTOR'S SIGNATURE Dr. Hartzler & Sons Union Bridge Md ADDRESS Union Bridge Md				24a. REC'D BY REGISTRAR DATE 2 May 1956		24b. REGISTRAR'S SIGNATURE Elizabeth B. Hech	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

131

Form with multiple sections for recording death information, including fields for name, age, sex, race, occupation, cause of death, and place of death. The form is partially filled out with handwritten text.

BUREAU V. S.

MAY 3 1956

RECEIVED

4050 CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Washington
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Cullen	LENGTH OF STAY (in this place) 2399 days.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 21-03-2	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 04 Victor Cullen State Hospital		STREET ADDRESS (If rural give location) 111 Elizabeth Street	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year) OF DEATH:	
(First) Michael	(Middle) Edward	(Last) Garula April 16, 19 56	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower	8. DATE OF BIRTH: July 21, 1912
9. AGE last birthday 43 yrs.		IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroader		10B. KIND OF BUSINESS OR INDUSTRY: Railroader	
11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Charles Garula		14. MOTHER'S MAIDEN NAME: Helen Ostapovich	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 213-12-7084	
17. INFORMANT & ADDRESS: Deceased (Patient).			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
(A) Pulmonary Tuberculosis.			7 years.
IMMEDIATE CAUSE DUE TO			
ANTECEDENT CAUSE (S)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(B) DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept. 21, 1949 , to Apr. 16, 1956 , that I last saw the deceased alive on April 16, 19 56 , and that death occurred at 6:45 M, from the causes and on the date stated above.			
SIGNATURE [Signature]		DATE SIGNED April 16, 1956.	
M. D. Cullen, Maryland			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 4-19-56	
NAME OF CEMETERY OR CREMATORY Rose Hill Cem.		LOCATION (City, town, or county) (State) Hagerstown, Md.	
DATE REC'D BY LOCAL REGISTRAR 4/16/56		REGISTRAR'S SIGNATURE [Signature]	
24. FUNERAL DIRECTOR A. K. Coffman, 40 E. Antietam St.		ADDRESS Hagerstown, Md.	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

APR 17 1956

RECEIVED

Item 2, Film G196 4-27-56 et

4051

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Howard/County
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Cullen	LENGTH OF STAY (in this place) 40 days.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	Ellicott/City Baltimore 3V01-4
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital		STREET ADDRESS (If rural give location) 1506 Sorrento Road Church Road, Highland Manor Nursing Home,	
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) Edward	(Middle) Lee	(Last) Gary	(Month) April (Day) 23, (Year) 1956
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower	8. DATE OF BIRTH: Maryland
9. AGE last birthday 72 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ?		10B. KIND OF BUSINESS OR INDUSTRY: Retired	
11. BIRTHPLACE (State or foreign country): Maryland.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Jacob Gary		14. MOTHER'S MAIDEN NAME: Mildred Chaney	
15. Was DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. 212-14-2219	
17. INFORMANT & ADDRESS: Deceased.			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			4 months.
IMMEDIATE CAUSE (A) Pulmonary Tuberculosis.			
ANTECEDENT CAUSE (S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.	
21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 14, 1956, to April 23, 1956, that I last saw the deceased alive on April 23, 1956, and that death occurred at 9:00 M, from the causes and on the date stated above.			
SIGNATURE		DATE SIGNED	
M. D. Cullen, Maryland		April 23, 1956.	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal		DATE THEREOF 4-23-56	
NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
U. of Md. Anatomy Dept. c/o Dr. Feaga, Balto., Md.			
DATE REC'D BY LOCAL REGISTRAR 4/23/56		24. FUNERAL DIRECTOR ADDRESS	
SIGNATURE		M. L. Creager & Son, Thurmont, Md.	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

APR 24 1956

RECEIVED

4019

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick				c. LENGTH OF STAY IN 1b 50 years			
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick				d. STREET ADDRESS 113 South Market Street			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 113 South Market Street				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First JACOB Middle SOLOMON Last GEISINGER				4. DATE OF DEATH Month April Day 29 Year 1956			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 17, 1862	
9. AGE (In years last birthday) 93 yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer		10b. KIND OF BUSINESS OR INDUSTRY Plastering		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME Jacob S. Geisinger				14. MOTHER'S MAIDEN NAME Cathrine S. Filler			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. George C. Myers - 113 S. Market St.,			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage 442x DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Ch. Cereb. Rupt. Unusual Hemorrhage DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 24 hrs					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 2-1 , 19 53 , to 4-29 , 19 56 , that I last saw the deceased alive on 4-29 , 19 56 , and that death occurred at 4:30 P.M. , from the causes and on the date stated above.							
ACTUAL SIGNATURE W. U. G. Bourne Jr.		M.D.		ADDRESS (Street, city or town, state) 30. W. U. G. Bourne Jr. 4-30		DATE SIGNED Frederick Md.	
PHYSICIAN'S NAME (Type) Dr. U. G. Bourne, Jr.							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF May 2, 1956		22c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		22d. LOCATION (City, town, or county) (State) Frederick, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE C. E. Cline & Son - Frederick - Md.		W. ADDRESS		24a. REC'D BY REGISTRAR May 1956		24b. REGISTRAR'S SIGNATURE Elizabeth G. Hoch	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The low requires that the death certificate be executed within 24 hours after death. The low requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

141

BUREAU V. S.

1956 3 MAY

RECEIVED

CERTIFICATE OF DEATH

1930

151

NAME OF DECEASED		SEX		AGE		DATE OF BIRTH		PLACE OF BIRTH		CITY		COUNTY		STATE	
JAMES H. HARRIS		M		45		JAN 15 1885		BALTIMORE		BALTIMORE		BALTIMORE		MD	
OCCUPATION		CAUSE OF DEATH		MANNER OF DEATH		PERIOD OF ILLNESS		DATE OF DEATH		PLACE OF DEATH		CITY		COUNTY	
LABORER		HEART DISEASE		NATURAL		2 WEEKS		APR 10 1930		BALTIMORE		BALTIMORE		MD	
FATHER'S NAME		MOTHER'S NAME		MARRIED		SINGLE		WIDOW		DIVORCED		SEPARATED		OTHER	
JAMES H. HARRIS		MARY J. HARRIS		MARRIED		SINGLE		WIDOW		DIVORCED		SEPARATED		OTHER	
DATE OF MARRIAGE		PLACE OF MARRIAGE		CITY		COUNTY		STATE		CITY		COUNTY		STATE	
JAN 15 1905		BALTIMORE		BALTIMORE		BALTIMORE		BALTIMORE		BALTIMORE		BALTIMORE		BALTIMORE	
DATE OF DEATH		PLACE OF DEATH		CITY		COUNTY		STATE		CITY		COUNTY		STATE	
APR 10 1930		BALTIMORE		BALTIMORE		BALTIMORE		BALTIMORE		BALTIMORE		BALTIMORE		BALTIMORE	
DATE OF INTERMENT		PLACE OF INTERMENT		CITY		COUNTY		STATE		CITY		COUNTY		STATE	
APR 12 1930		BALTIMORE		BALTIMORE		BALTIMORE		BALTIMORE		BALTIMORE		BALTIMORE		BALTIMORE	
DATE OF BURIAL		PLACE OF BURIAL		CITY		COUNTY		STATE		CITY		COUNTY		STATE	
APR 12 1930		BALTIMORE		BALTIMORE		BALTIMORE		BALTIMORE		BALTIMORE		BALTIMORE		BALTIMORE	

BUREAU V. S.

APR 25 1930

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04017

Reg. Dist. No.

131

4921

1. PLACE OF DEATH a. COUNTY <u>Frederick</u> MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Route 240 Frederick Hill of life</u> c. LENGTH OF STAY IN 1b <u>154-2</u> d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Frederick Memorial Hospital (GRAY)</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <input checked="" type="checkbox"/> a. STATE <u>Maryland</u> b. COUNTY <u>Montgomery</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Charlestown</u> e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <u>Claver Brooks Gray</u> First Middle Last				4. DATE OF DEATH <u>April 26 1956</u> Month Day Year			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>C</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 27 1983</u> 72 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>day laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>day work</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Unknown</u>				14. MOTHER'S MARDEN NAME <u>Mary Hill Smith</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>214-18-8221</u>		17. INFORMANT <u>Mrs. Mary Gray</u> Address <u>Charlestown MD</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>420.1</u> DUE TO <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>							
ACTUAL SIGNATURE <u>B. O. Thomas</u> M.D.				CHIEF MEDICAL EXAMINER <input type="checkbox"/>			
EXAMINER'S NAME (Type) <u>B. O. Thomas</u>				ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>			
DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>				DATE SIGNED <u>April 27, 1956</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		22b. DATE THEREOF <u>APRIL 30/56</u>		22c. NAME OF CEMETERY OR CREMATORY <u>John Wesley</u>		22d. LOCATION (City, town, or county) (State) <u>Charlestown MD</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Roy W. Barber</u> Address <u>Leopoldville Va</u>				24a. REC'D BY REGISTRAR <u>Elizabeth G. Hark</u>		24b. REGISTRAR'S SIGNATURE	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, using the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH—Baltimore 10
 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

181

Name of Deceased		Sex		Age		Date of Death	
John Doe		Male		45		May 10, 1956	
Place of Birth		Usual Residence		Cause of Death		Manner of Death	
New York City		123 Main St, Baltimore		Heart Disease		Natural	
Occupation		Education		Previous Illnesses		Drugs Taken	
Teacher		High School		Hypertension		None	
Signature of Examiner		Signature of Physician		Signature of Coroner		Signature of Registrar	
[Signature]		[Signature]		[Signature]		[Signature]	

BUREAU V. S.

MAY 3 1956

RECEIVED

Office of the Registrar
 Baltimore, Maryland

4052

CERTIFICATE OF DEATH

Reg. Dist. No.

33

1. PLACE OF DEATH o. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MD b. COUNTY Carroll			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Thurmont				c. LENGTH OF STAY IN 1b 3 hours			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS Reisterstown			
3. NAME OF DECEASED (Type or print) First Willard Middle Greene Last Greene				4. DATE OF DEATH Month April Day 20 Year 19 56			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 2 1908		9. AGE (In years lost birthday) 48 yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Director & Mfg.		10b. KIND OF BUSINESS OR INDUSTRY Thurmont Shoe Co		11. BIRTHPLACE (State or foreign country) Philadelphia Pa		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME John Greene				14. MOTHER'S MAIDEN NAME Elizabeth Frey			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 162-10-5886		17. INFORMANT Address Mrs Hilda Greene Reisterstown. MD			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary occlusion 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 5 min.	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from April 13, 1956 , to April 20, 1956 , that I last saw the deceased alive on April 20, 1956 , and that death occurred at 10:15 A.M. from the causes and on the date stated above.							
ACTUAL SIGNATURE M. Franklin Birly M.D.				ADDRESS (Street, city or town, state) Thurmont, Md		DATE SIGNED 4/20/56	
PHYSICIAN'S NAME (Type) M. Franklin Birly							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF April 23-56		22c. NAME OF CEMETERY OR CREMATORY White Marsh Memorial		22d. LOCATION (City, town, or county) (State) White Marsh Pa.	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.F. Elmer Sons, Reisterstown Md				24a. REC'D BY REGISTRAR DATE 4-20-56		24b. REGISTRAR'S SIGNATURE Mary B. Elmer	

Page 4
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The law requires that the death certificate be executed within 24 hours after death.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

0082

Name of Deceased Frederick		Age 3 years	
Sex Male		Race White	
Place of Birth Baltimore		Date of Birth April 18, 1953	

Cause of Death John Greene		Date of Death April 18, 1953	
Place of Death Baltimore		Time of Death 10:00 AM	
Signature of Physician John Greene		Signature of Registrar John Greene	

BUREAU V. S.

APR 24 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04019

4022 **CERTIFICATE OF DEATH**

Reg. Dist. No. 131

1. PLACE OF DEATH <i>FREDERICK MEMORIAL HOSP.</i>		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <i>FREDERICK</i>	MARYLAND	STATE <i>MARYLAND</i>	COUNTY <i>FREDERICK</i>
CITY (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY (In this place)	CITY OR TOWN	(If outside corporate limits, write RURAL and give nearest town)
TOWN <i>FREDERICK</i>	<i>BIRTH</i>	XXXXXXXXXXXX	<i>Adamstown</i>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>FREDERICK MEMORIAL HOSPITAL</i>		STREET ADDRESS (If rural give location) XXXXXXXXXXXX	
3. NAME OF DECEASED (Type or Print) <i>BABY GIRL GROVE</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>APRIL 24 - 1956</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Single</i>	8. DATE OF BIRTH <i>4/24/56</i>
9. AGE last birthday <i>Premature</i>		IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <i>1 22</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>
13. FATHER'S NAME <i>HAROLD GROVE</i>		14. MOTHER'S MAIDEN NAME <i>CLARA V. COOPER</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>NO</i>		16. SOCIAL SECURITY NO. <i>—</i>	
17. INFORMANT & ADDRESS <i>MOTHER ADAMSTOWN, MARYLAND</i>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			18. MEDICAL CERTIFICATION
761.5 IMMEDIATE CAUSE (A) <i>6 months - Premature Birth -</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 hr. 22 min.</i>
ANTECEDENT CAUSE(S) DUE TO (B) <i>PREMATURE RUPTURE OF MEMBRANES</i>			<i>.36 hrs.</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION <i>NO</i>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>4/24</i> , 1956, to <i>4/24</i> , 1956, that I last saw the deceased alive on <i>4/24</i> , 1956, and that death occurred at <i>5:53 AM</i> , from the causes and on the date stated above.			
SIGNATURE <i>Bryan D. White</i>		ADDRESS (Street, city, town, state) <i>M.D. Frederick Memorial Hosp. Frederick, Md.</i>	
DATE <i>24 April 1956</i>		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>	DATE THEREOF <i>4/24/56</i>	NAME OF CEMETERY OR CREMATORY <i>Lutheran Cemetery</i>	LOCATION (City, town, or county) (State) <i>Jefferson, Maryland</i>
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE <i>Elizabeth J. Hecks</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>M. R. Etchison & Son</i>	ADDRESS <i>Frederick, Md.</i>

2069244270

CERTIFICATE OF DEATH

MASSACHUSETTS DEPARTMENT OF HEALTH - BOSTON 10

1956

Part One of Two

IN THE COUNTY OF SUFFOLK, STATE OF MASSACHUSETTS

DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

UNDERLYING CAUSE

PERMANENT DAMAGE

PERMANENT INJURY

PERMANENT DISABILITY

PERMANENT DEATH

PERMANENT DEATH

PERMANENT DEATH

PERMANENT DEATH

PERMANENT DEATH

PERMANENT DEATH

PERMANENT DEATH

PERMANENT DEATH

PERMANENT DEATH

PERMANENT DEATH

PERMANENT DEATH

PERMANENT DEATH

PERMANENT DEATH

PERMANENT DEATH

PERMANENT DEATH

PERMANENT DEATH

PERMANENT DEATH

PERMANENT DEATH

PERMANENT DEATH

PERMANENT DEATH

PERMANENT DEATH

PERMANENT DEATH

PERMANENT DEATH

PERMANENT DEATH

PERMANENT DEATH

PERMANENT DEATH

PERMANENT DEATH

PERMANENT DEATH

PERMANENT DEATH

PERMANENT DEATH

PERMANENT DEATH

BUREAU V. S.

APR 25 1956

RECEIVED

MASSACHUSETTS DEPARTMENT OF HEALTH - BOSTON 10

4923

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick				c. LENGTH OF STAY IN 1b 18 Days			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hosp.				d. STREET ADDRESS Ceresville			
3. NAME OF DECEASED (Type or print) First WALTER Middle STALEY Last HAHN				4. DATE OF DEATH Month April Day 20 , Year 1956			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 21 June 1921	
9. AGE (In years last birthday) 34 yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Partner				10b. KIND OF BUSINESS OR INDUSTRY Dairy-Farmer		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Walter J. Hahn				14. MOTHER'S MAIDEN NAME Elmira Staley			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. 215-36-6437		17. INFORMANT Address R. F. D. #1, Frederick, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the colon with widespread metastasis 153X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19				20d. INJURY OCCURRED While <input type="checkbox"/> Not while of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)							
21. I certify that I attended the deceased from 2-1 , 1955, to 4-20 , 1956, that I last saw the deceased alive on 4-20 , 1956, and that death occurred at 3:01 P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) 35 E. Church St., Fred'k, Md. DATE SIGNED 4/21/56							
ACTUAL SIGNATURE R. R. Martin M.D.				PHYSICIAN'S NAME (Type) Rex R. Martin, M. D.			
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF 23 April 1956		22c. NAME OF CEMETERY OR CREMATORY Frederick Mem. Park		22d. LOCATION (City, town, or county) (State) Frederick, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. R. Etchison and Son, Frederick, Md.				24a. REC'D BY REGISTRAR DATE 23 April 1956		24b. REGISTRAR'S SIGNATURE Elizabeth G. Heck	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pages 1 and 2 should be filled with the information required by the law. Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pages 1 and 2 should be filled with the information required by the law. Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

1956

1. NAME OF DECEASED BUREAU V. S.		2. SEX Male		3. AGE 25		4. DATE OF BIRTH APR 25 1931	
5. PLACE OF BIRTH BALTIMORE, MD		6. RACE White		7. OCCUPATION Student		8. CAUSE OF DEATH Heart Disease	
9. DATE OF DEATH APR 25 1956		10. PLACE OF DEATH Home		11. SIGNATURE OF DECEASED (None)		12. SIGNATURE OF WITNESSES (None)	
13. SIGNATURE OF PHYSICIAN (None)		14. SIGNATURE OF MORTUARY (None)		15. SIGNATURE OF REGISTRAR (None)		16. SIGNATURE OF CLERK (None)	

RECEIVED

RECEIVED

APR 25 1956

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4024 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04021

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) a. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b 13 years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 560 East Church Street				d. STREET ADDRESS 560 East Church Street		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOSEPH Middle FRANKLIN Last HARNE				4. DATE OF DEATH Month April Day 18 Year 19 56			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH December 23, 1915		9. AGE (In years last birthday) 40 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY State Roads Comm.		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Leslie C. Harne				14. MOTHER'S MAIDEN NAME Miranda Redmond			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 216-22-9576		17. INFORMANT Address Frederick, Md. Mrs. Joseph F. Harne - 560 E. Church Street			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage due to DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) gun shot wound in DUE TO Chest (c)						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH. <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Self inflicted gun shot wound in chest					
20c. TIME OF INJURY Month, Day, Year Hour a. m. A 10 p.m. 4/18 1956		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input checked="" type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
ACTUAL SIGNATURE B. C. Thomas, Sr.				M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>		DATE SIGNED	
EXAMINER'S NAME (Type) Dr. B. C. Thomas, Sr.				ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>			
				DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		Feb 20-56	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 4/21/1956		22c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		22d. LOCATION (City, town, or county) (State) Frederick, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE C. E. Cline & Son - Frederick - Md.				24a. REC'D BY REGISTRAR DATE 20 April 1956		24b. REGISTRAR'S SIGNATURE Elizabeth H. Herb	

MEDICAL CERTIFICATION

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate during the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

BUREAU V. S.

APR 23 1956

RECEIVED

4953 CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Washington	
CITY (If outside corporate limits, write RURAL OR and give nearest town) Cullen		LENGTH OF STAY (in this place) 221 days.		CITY (If outside corporate limits, write RURAL and give nearest town) Blue Ridge Summit 21X-2			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital				STREET ADDRESS (If rural give location) None.			
3. NAME OF DECEASED: (First) (Middle) (Last) Carroll Lantz Haugh				4. DATE (Month) (Day) (Year) OF DEATH: April 15, 1956			
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: Sept. 25, 1914	9. AGE last birthday 41 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist		10B. KIND OF BUSINESS OR INDUSTRY: Machinist		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Harry D. Haugh				14. MOTHER'S MAIDEN NAME: Alice Lantz.			
15. Was DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes World War II		16. SOCIAL SECURITY NO. 162-09-7126		17. INFORMANT & ADDRESS: ?			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Pulmonary Tuberculosis						3 years.	
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept. 7, 1955. to April 15, 1956 that I last saw the deceased alive on April 15, 1956 , and that death occurred at 12:45 M. from the causes and on the date stated above. SIGNATURE W. B. Lantz a.m. ADDRESS Cullen, Maryland DATE SIGNED April 16, 1956							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 4-18-56		NAME OF CEMETERY OR CREMATION Germantown-Bethel		LOCATION (City, town, or county) (State) Wash. Co., Md.	
DATE REC'D BY LOCAL REGISTRAR 4/16/56		REGISTRAR'S SIGNATURE W. B. Lantz		24. FUNERAL DIRECTOR Walter Y. Grove, Waynesboro, Pa.		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

APR 17 1956

RECEIVED

4926

CERTIFICATE OF DEATH

04023

Reg. Dist. No. 131

1. PLACE OF DEATH o. COUNTY Frederick MARYLAND			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b 5 Days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#2		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital			d. STREET ADDRESS Urbana		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First LUCY Middle VIOLA Last HAWKINS			4. DATE OF DEATH Month April Day 27 , Year 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12 March 1893	9. AGE (In years last birthday) yrs. 63	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Zachariah Woodfield			14. MOTHER'S MAIDEN NAME Katherine Grimes		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Gilmer R. Hawkins, RD#2, Frederick, Md.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia 331X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Cerebral Hemorrhage DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					INTERVAL BETWEEN ONSET AND DEATH 6 days 10 days
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
21. I certify that I attended the deceased from April 17 , 19 56 , to April 27 , 19 56 , that I last saw the deceased alive on April 26 , 19 56 , and that death occurred at 4:25A M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) 228 N. Market St., Frederick, Md. DATE SIGNED 4/30/56 ACTUAL SIGNATURE B. O. Thomas M.D. PHYSICIAN'S NAME (Type) B. O. Thomas, M. D.					
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 4/30/56	22c. NAME OF CEMETERY OR CREMATORY Monocacy Cemetery	22d. LOCATION (City, town, or county) (State) Beallsville, Maryland		
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. R. Etchison and Son, Frederick, Maryland			24a. REC'D BY REGISTRAR DATE 30 April 1956	24b. REGISTRAR'S SIGNATURE Elizabeth L. Heub	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The law requires that the death certificate be executed within 24 hours after death. The law requires that the death certificate be executed within 24 hours after death.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04024

4925

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Frederick</u>		STATE <u>Maryland</u> COUNTY <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
CITY OR TOWN <u>Frederick</u>		LENGTH OF STAY (in this place)		TOWN <u>Brunswick</u>		STREET ADDRESS (If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>				715 North Maple Avenue			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Gertrude</u>		(Middle) <u>Estella</u>		(Last) <u>Heffner</u>		(Month) <u>4</u> (Day) <u>24</u> (Year) <u>1956</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1/19/13</u>	9. AGE last birthday <u>43</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William Ecker</u>				14. MOTHER'S MAIDEN NAME <u>Lena Taulton</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT & ADDRESS <u>John L. Heffner, Brunswick, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
171X IMMEDIATE CAUSE (A) <u>Carcinoma of cervix</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Metastasis to pelvic bones and</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>abdominal viscera</u>							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION <u>4/5/56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma - Intestinal Obstruction</u>				2D. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> et work <input type="checkbox"/> Not while et work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....M, from the causes and on the date stated above.							
SIGNATURE <u>A. A. Pearce</u> M.D.				ADDRESS (Street, city, town, state) <u>Brunswick, Md.</u> DATE SIGNED			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>4-27-56</u>		NAME OF CEMETERY OR CREMATORY <u>Park Heights</u>		LOCATION (City, town, or county) (State) <u>Brunswick, Maryland</u>	
24. REC'D BY REGISTRAR <u>APR 27 1956</u>		REGISTRAR'S SIGNATURE <u>Ely. Jack</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. Lu Faste</u>		ADDRESS <u>Brunswick, Maryland</u>	

CERTIFICATE OF DEATH

1932

Reg. 100-110

1. NAME OF DECEASED

2. SEX

3. AGE

4. RACE

5. OCCUPATION

6. PLACE OF BIRTH

7. DATE OF DEATH

8. TIME OF DEATH

9. PLACE OF DEATH

10. CAUSE OF DEATH

11. MEDICAL HISTORY

12. SIGNATURE OF PHYSICIAN

13. SIGNATURE OF REGISTRAR

14. SIGNATURE OF DECEASED

15. SIGNATURE OF WITNESSES

16. SIGNATURE OF DECEASED

17. SIGNATURE OF DECEASED

18. SIGNATURE OF DECEASED

19. SIGNATURE OF DECEASED

20. SIGNATURE OF DECEASED

21. SIGNATURE OF DECEASED

22. SIGNATURE OF DECEASED

23. SIGNATURE OF DECEASED

24. SIGNATURE OF DECEASED

25. SIGNATURE OF DECEASED

26. SIGNATURE OF DECEASED

27. SIGNATURE OF DECEASED

28. SIGNATURE OF DECEASED

29. SIGNATURE OF DECEASED

30. SIGNATURE OF DECEASED

BUREAU V. S.

APR 27 1932

RECEIVED

RECEIVED

CERTIFICATE OF DEATH

1955

131

NAME OF DECEASED		DATE OF DEATH	
PLACE OF DEATH		CITY OF DEATH	
COUNTY OF DEATH		STATE OF DEATH	
AGE OF DECEASED		SEX OF DECEASED	
RACE OF DECEASED		EDUCATION OF DECEASED	
OCCUPATION OF DECEASED		MANNER OF DEATH	
CAUSE OF DEATH		IMMEDIATE CAUSE OF DEATH	
DISEASE OR INJURY		PERIOD OF ILLNESS	
TREATMENT		HISTORY OF PRESENT ILLNESS	
SIGNATURE OF PHYSICIAN		SIGNATURE OF REGISTRAR	
DATE OF SIGNATURE		DATE OF SIGNATURE	

BUREAU V. S.

APR 30 1956

RECEIVED

1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04026

4028 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		LENGTH OF STAY (in this place) 2 mo		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital				STREET ADDRESS (If rural give location) 12 W. All Saints St.			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) Darlene		(Middle) M.		(Last) Jackson		(Month) April (Day) 16 (Year) 19 56	
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH February 18, 1956	9. AGE last birthday 1 yrs.	IF UNDER 1 YEAR 1 months 28 days		IF UNDER 24 HRS. 1 hours 56 min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Herman Carter				14. MOTHER'S MAIDEN NAME Catherine R. Jackson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Mother 12 W. All Saints St.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
576x IMMEDIATE CAUSE (A) Potassium Deficiency						18 hours	
ANTECEDENT CAUSE(S) DUE TO (B) Intestinal obstruction, Partial						3 days	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Peritonitis, healed						7 days	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21e. INJURY OCCURRED While at work Not while at work		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 1 April, 19 56 , to 16 April, 19 56 , that I last saw the deceased alive on 16 April, 19 56 , and that death occurred at 8:00A.M. from the causes and on the date stated above.							
SIGNATURE A.M. Powell Jr.		ADDRESS (Street, city, town, state) M.D. 220 N. Market St. Frederick, Md.		DATE SIGNED 4/16/56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 4-18-56		NAME OF CEMETERY OR CREMATORY Elmhurst		LOCATION (City, town, or county) (State) Frederick, Md.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE Elizabeth S. Heck		25. FUNERAL DIRECTOR'S SIGNATURE Charles E. Hick		ADDRESS Frederick, Md.	
DATE 18 April 1956							

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

4028 CERTIFICATE OF DEATH

131

A. DATE OF BIRTH: 12-15-1895

B. PLACE OF BIRTH: Frederick

C. SEX: Male

D. AGE: 60

E. OCCUPATION: Teacher

F. DATE OF DEATH: 12-15-1956

G. PLACE OF DEATH: The Ark Memorial Hospital

H. TIME OF DEATH: 10:00 AM

I. CAUSE OF DEATH: Myocardial Infarction

J. SIGNATURE OF PHYSICIAN: Jackson

K. SIGNATURE OF WITNESS: W.

L. SIGNATURE OF DEATH REGISTRAR: Darlene

M. DATE OF BIRTH: 12-15-1895

N. PLACE OF BIRTH: Maryland

O. SEX: Male

P. AGE: 60

Q. OCCUPATION: Teacher

R. DATE OF DEATH: 12-15-1956

S. PLACE OF DEATH: The Ark Memorial Hospital

T. TIME OF DEATH: 10:00 AM

U. CAUSE OF DEATH: Myocardial Infarction

V. SIGNATURE OF PHYSICIAN: Jackson

W. SIGNATURE OF WITNESS: W.

X. SIGNATURE OF DEATH REGISTRAR: Darlene

Y. DATE OF BIRTH: 12-15-1895

BUREAU V. 2

APR 19 1956

RECEIVED

12-15-1956

4729

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH o. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick				c. LENGTH OF STAY IN 1b Days			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Also Known As Laura Rena Jefferies, Rena L. Jefferies				4. DATE OF DEATH Month April Day 21 Year 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH May 3, 1897	9. AGE (In years last birthday) yrs. 58	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY Sewing Factory		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Edward Snyder				14. MOTHER'S MAIDEN NAME Mary Ellen Stevens			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 217-01-7027		17. INFORMANT Address Mrs. Mary E. Ausherman, Frederick R.F.D. #5			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Tuberculosis DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Pyelonephritis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH unknown unknown
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work of work		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 2-1 , 19 56 , to 4-21 , 19 56 , that I last saw the deceased alive on 4-21 , 19 56 , and that death occurred at 3:00 P.M. , from the causes and on the date stated above. ADDRESS (Street, city or town, state) East Church St., Frederick, Md. DATE SIGNED 4/23/56							
ACTUAL SIGNATURE Rex R. Martin M.D.				PHYSICIAN'S NAME (Type) Dr. Rex R. Martin East Church St., Frederick, Md.			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Apr. 25, 1956		22c. NAME OF CEMETERY OR CREMATORY Reformed Cemetery		22d. LOCATION (City, town, or county) (State) Mt. Pleasant, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland				24a. REC'D BY REGISTRAR 24 April 1956		24b. REGISTRAR'S SIGNATURE Elizabeth S. Heck	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

131

NAME OF DECEASED HARRISON		DATE OF BIRTH 1907	
PLACE OF BIRTH Maryland		DATE OF DEATH 1956	
OCCUPATION Teacher		CAUSE OF DEATH Heart Disease	
EDUCATION High School		MANNER OF DEATH Natural	
MARITAL STATUS Married		DATE OF MARRIAGE 1930	
NAME OF SPOUSE Mary		DATE OF INTERMENT 1956	
PLACE OF INTERMENT Catholic Cemetery		NAME OF CLERGYMAN Father	
NAME OF FUNERAL HOME St. Mary's		NAME OF PHYSICIAN Dr. Smith	
NAME OF HOSPITAL St. Mary's		NAME OF NURSE Mrs. Jones	
NAME OF CORONER John		NAME OF JURY None	
NAME OF COUNTY Baltimore		NAME OF CITY Baltimore	
NAME OF STATE Maryland		NAME OF COUNTRY United States	

BUREAU V. S.

APR 25 1956

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4930

CERTIFICATE OF DEATH

040281
 Reg. Dist. No. 131

1. PLACE OF DEATH o. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick				c. LENGTH OF STAY IN b. 2 Years			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 11 East Third Street				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick			
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First JOHN Middle KOSTU Last KOSTU				4. DATE OF DEATH Month April Day 7 Year 19 56			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 25 Dec 1879	
9. AGE (In years last birthday) yrs. 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. BIRTHPLACE (State or foreign country) Europe		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Unk		17. INFORMANT Address Mrs. W. A. Hoffman, 11 E. 3rd St., Frederick, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Senility 794X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) INTERVAL BETWEEN ONSET AND DEATH 1 year							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
				20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from April 4 , 19 56 , to April 7 , 19 56 , that I last saw the deceased alive on April 4 , 19 56 , and that death occurred at 4:4 M, from the causes and on the date stated above.							
ACTUAL SIGNATURE Rex R. Martin				ADDRESS (Street, city or town, state) DATE SIGNED 35 E Church Frederick Md 4-7-56			
PHYSICIAN'S NAME (Type) Rex R. MARTIN							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 10 Apr 1956		22c. NAME OF CEMETERY OR CREMATORY St. Michael's Cemetery		22d. LOCATION (City, town, or county) (State) Perth Amboy, N. J.	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland				24a. REC'D BY REGISTRAR DATE 7 April 1956		24b. REGISTRAR'S SIGNATURE Elizabeth G. Heck	

RECEIVED

4054
CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kempton, Md. Rural				c. LENGTH OF STAY IN 1b 7 weeks			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS Graceham, Md.			
3. NAME OF DECEASED (Type or print) First Helen Middle Gertrude Last Krom				4. DATE OF DEATH Month April Day 28 Year 19 56			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 7, 1876		9. AGE (In years last birthday) 79 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress		10b. KIND OF BUSINESS OR INDUSTRY Dress Factory		11. BIRTHPLACE (State or foreign country) Maryland-Fred.Co.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Henry Krom				14. MOTHER'S MAIDEN NAME Lydia Ann Hesson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 214-10-4088		17. INFORMANT Address Mrs. Mary Mount-Monrovia, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Carcinoma of left breast DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Chronic myocarditis; hypertension; aortic aneurism						INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 5 yrs.	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Dec. 2, 1957 to April 28, 1956 , that I last saw the deceased alive on April 22, 1956 , and that death occurred at 9 A. M. from the causes and on the date stated above.							
ACTUAL SIGNATURE M. Franklin Birely				ADDRESS (Street, city or town, state) Thurmont, Md. DATE SIGNED 4/28/56			
PHYSICIAN'S NAME (Type) M. Franklin Birely							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF May 1, 1956		22c. NAME OF CEMETERY OR CREMATORY U.B. Cemetery		22d. LOCATION (City, town, or county) (State) Thurmont, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE Raymond Stouffer				24a. REC'D BY REGISTRAR DATE 1 1956		24b. REGISTRAR'S SIGNATURE A. H. Hedrich	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. It may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

Experiments 1 and 2

Abstracted

1030 2001

posed the only

24-10-080 Mrs. Mary Jones-Kentville, Me.

1 MAY 1 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04030

4755

CERTIFICATE OF DEATH

Reg. Dist. No.

145

1. PLACE OF DEATH o. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Myersville				c. LENGTH OF STAY IN 1b 8 years			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or print) CARLTON PETER MARKER				4. DATE OF DEATH Month April Day 12 Year 1956			
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 28, 1874	9. AGE (In years last birthday) 81 yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farm		11. BIRTHPLACE (State or foreign country) Myersville, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Peter Marker				14. MOTHER'S MAIDEN NAME Mariah Shank			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Miss Sallie R. Marker, Myersville, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						INTERVAL BETWEEN ONSET AND DEATH 15 min	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Jan , 19 56 , to April , 19 56 , that I last saw the deceased alive on April 10 , 19 56 , and that death occurred at 4 P.M. , from the causes and on the date stated above. ADDRESS (Street, city or town, state) Myersville, Md. DATE SIGNED 4-13-56 ACTUAL SIGNATURE J. Elmer Harp M.D. W. L. Little PHYSICIAN'S NAME (Type) J. Elmer Harp							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Apr. 14, 1956		22c. NAME OF CEMETERY OR CREMATORY St. Paul's Lutheran		22d. LOCATION (City, town, or county) (State) Myersville, Fred. Co. Md.	
23. FUNERAL DIRECTOR'S SIGNATURE Paul F. Bittle				24a. REC'D BY REGISTRAR DATE 4-14-56		24b. REGISTRAR'S SIGNATURE Wm. Bittle	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

4-22

NAME OF DECEASED		SEX		AGE		DATE OF BIRTH		PLACE OF BIRTH		CITY		STATE		COUNTRY	
JAMES H. HARRIS		M		45		JAN 15 1911		BALTIMORE		MD		USA			
OCCUPATION		CAUSE OF DEATH		MANNER OF DEATH		PERIOD OF ILLNESS		DATE OF DEATH		PLACE OF DEATH		CITY		STATE	
LABORER		HEART DISEASE		NATURAL		2 WEEKS		APR 10 1956		BALTIMORE		MD		USA	
EDUCATION		SCHOOLING		RELIGION		RACE		COLOR		HEIGHT		WEIGHT		TEMPERATURE	
HIGH SCHOOL		8 YEARS		METHODIST		WHITE		WHITE		5 FT 10 IN		170 LB		98.6 F	
MARRIAGE		MARRIED		DATE OF MARRIAGE		PLACE OF MARRIAGE		CITY		STATE		COUNTRY			
MARRIED		1935		BALTIMORE		MD		USA							
PREVIOUS DEATHS		PREVIOUS DEATHS		PREVIOUS DEATHS		PREVIOUS DEATHS		PREVIOUS DEATHS		PREVIOUS DEATHS		PREVIOUS DEATHS		PREVIOUS DEATHS	
NONE		NONE		NONE		NONE		NONE		NONE		NONE		NONE	
SIGNATURE OF PHYSICIAN		SIGNATURE OF PHYSICIAN		SIGNATURE OF PHYSICIAN		SIGNATURE OF PHYSICIAN		SIGNATURE OF PHYSICIAN		SIGNATURE OF PHYSICIAN		SIGNATURE OF PHYSICIAN		SIGNATURE OF PHYSICIAN	
J. H. HARRIS		J. H. HARRIS		J. H. HARRIS		J. H. HARRIS		J. H. HARRIS		J. H. HARRIS		J. H. HARRIS		J. H. HARRIS	
DATE		DATE		DATE		DATE		DATE		DATE		DATE		DATE	
APR 10 1956		APR 10 1956		APR 10 1956		APR 10 1956		APR 10 1956		APR 10 1956		APR 10 1956		APR 10 1956	

BUREAU V. 2

APR 17 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4931 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04031
131

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Frederick</u> MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u> c. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Frederick Memorial Hospital R.F.D. #1</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Frederick</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Knoxville R.D. #1</u> d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) <u>Langston Columbus Morrison</u>		4. DATE OF DEATH Month <u>April</u> Day <u>2</u> Year <u>1956</u>		5. SEX <u>Male</u>									
6. COLOR OR RACE <u>C</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>8-6-1941</u>									
9. AGE (In years last birthday) <u>14</u> yrs. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">IF UNDER 1 YEAR</td> <td colspan="2">IF UNDER 24 HRS.</td> </tr> <tr> <td>Months</td> <td>Days</td> <td>Hours</td> <td>Min.</td> </tr> </table>		IF UNDER 1 YEAR		IF UNDER 24 HRS.		Months	Days	Hours	Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>	
IF UNDER 1 YEAR		IF UNDER 24 HRS.											
Months	Days	Hours	Min.										
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>James Edward Morrison</u>									
14. MOTHER'S MAIDEN NAME <u>Maude Naylor</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>									
17. INFORMANT <u>James E. Morrison, Knoxville, Md.</u>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured Skull</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Struck by automobile</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hours</u> <u>15 hours</u>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)													
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Struck by automobile</u>											
20c. TIME OF INJURY Month, Day, Year Hour <u>4:20</u> p.m. <u>4/2</u> 19 <u>56</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>Route 464</u>									
20f. (City or town) <u>Knoxville R.D. #1</u>		20g. (County) <u>Frederick</u>		20h. (State) <u>Md.</u>									
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>													
ACTUAL SIGNATURE <u>B.O. Thomas</u>		EXAMINER'S NAME (Type) <u>B.O. Thomas</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>									
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>4/5/56</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Petersville</u>									
22d. LOCATION (City, town, or county) <u>Petersville, Md.</u>		22e. (State)		24a. REC'D BY REGISTRAR									
23. FUNERAL DIRECTOR'S SIGNATURE <u>B. L. Fute</u>		ADDRESS <u>Brunswick, Maryland</u>		24b. REGISTRAR'S SIGNATURE <u>Elyse G. Heck</u>									

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose the certificate, showing the ward "pending" in pencil in Item PM3. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

1931 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
 MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 18

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
JAMES EDWARD KOWALSON		38		M		W		1931		BALTIMORE, MD.	
RESIDENCE		OCCUPATION		CAUSE OF DEATH		MANNER OF DEATH		SIGNATURE OF EXAMINER		DATE	
BALTIMORE, MD.		LABORER		HEART DISEASE		NATURAL		J. E. KOWALSON		1931	
FATHER		MOTHER		BIRTH		DEATH		SIGNATURE OF REGISTRAR		DATE	
JAMES KOWALSON		MARY KOWALSON		1931		1931		J. E. KOWALSON		1931	

BUREAU V. S.

APR 9 1936

RECEIVED

4756

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 81

1. PLACE OF DEATH a. COUNTY <u>Frederick</u> MARYLAND			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Frederick</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>New Windsor RD 2</u>			c. LENGTH OF STAY IN TB <u>Life</u>		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)			d. STREET ADDRESS <u>New Windsor</u>		
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Robert</u> Last <u>Myers</u>			4. DATE OF DEATH Month <u>April</u> Day <u>25</u> Year <u>1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 4 1895</u>	9. AGE (In years last birthday) <u>60</u> yrs.	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Canotte Ind</u>	
13. FATHER'S NAME <u>William Harry Myers</u>		14. MOTHER'S MAIDEN NAME <u>Sallie Louise Nahn</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>214-16-0542</u>		17. INFORMANT <u>Doris Cremer</u> Address <u>402 Radom Rd Balt</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gun shot wound in brain</u> 976X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Self Inflicted</u> DUE TO (c) <u> </u>					INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u> </u>					
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Self-inflicted gun shot wound</u>			
20c. TIME OF INJURY Month, Day, Year <u>4/25-1956</u> Hour a. m. <u>6:05</u> p. m. <u> </u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>Home</u>	
20f. (City or town) <u>New Windsor RD 2</u>		20g. (County) <u>Frederick</u>		20h. (State) <u>Md</u>	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input checked="" type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .					
ACTUAL SIGNATURE <u>B. O. Thomas</u>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>		DATE SIGNED <u>April 25, 1956</u>	
EXAMINER'S NAME (Type) <u>B. O. Thomas</u>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>Apr 25 56</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Rocky Hill</u>	
22d. LOCATION (City, town, or county) <u>Woodboro Ind Md</u>		22e. (State) <u>Md</u>		24a. REC'D BY REGISTRAR <u>Raymond K. Wright</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond K. Wright</u>		ADDRESS <u>Union Bridge Md</u>		24b. REGISTRAR'S SIGNATURE <u>Julius L. Kappo</u>	
DATE <u>4/28/56</u>					

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, the certificate should be executed within 72 hours after death. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

APR 30 1956

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04033

4957

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#5				c. LENGTH OF STAY IN 1b 4 Years			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Montevue				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First THOMAS Middle SIM Last NUSBAUM				4. DATE OF DEATH Month April Day 3 Year 1956			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 28 Feb 1878	
9. AGE (In years last birthday) 78 yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY State Roads		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME Warsh Nusbaum				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. Unk		17. INFORMANT Jesse Nusbaum, RD#6, Frederick, Maryland	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarct 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Arteriosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) INTERVAL BETWEEN ONSET AND DEATH 24 Hrs 5-8-15							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19				20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)							
21. I certify that I attended the deceased from Nov 2, 1952 to Nov 2, 1956 , that I last saw the deceased alive on Nov 2, 1956 , and that death occurred at 9:45 P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) 7 N. Market St., Frederick, Md. DATE SIGNED 4/4/56 ACTUAL SIGNATURE H. F. Kline M.D. PHYSICIAN'S NAME (Type) Dr. H. F. Kline 7 N. Market St., Frederick, Md.							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 6 Apr 1956		22c. NAME OF CEMETERY OR CREMATORY Mount Carmel Cemetery		22d. LOCATION (City, town, or county) (State) Frederick County Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland				ADDRESS		24a. REC'D BY REGISTRAR DATE 5 April 1956	
24b. REGISTRAR'S SIGNATURE Elizabeth S. Hark							

BUREAU V. S.

APR 6 1955

RECEIVED

4732

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY Fred MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md. b. COUNTY Fred.	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick //	
c. LENGTH OF STAY IN b. 1 wk.		d. STREET ADDRESS 423 Clinharts Alley	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick, Memorial Hospital		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Curtiss Middle Powell Last		4. DATE OF DEATH Month April Day 21 Year 19 56	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May, 12- 1886
9. AGE (In years last birthday) 69 yrs.		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer (General)		10b. KIND OF BUSINESS OR INDUSTRY *****	
11. BIRTHPLACE (State or foreign country) Knoxville-Fred. Co.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	
17. INFORMANT Margaret Bell		Address 26 Lincoln Apts. Fred. Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia 420.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Congestive Heart Failure DUE TO (c) Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH 1 week 1 month 1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from 4-16 , 19 56 , to 4-21 , 19 56 , that I last saw the deceased alive on 4-21 , 19 56 , and that death occurred at M , from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 4 W 3 rd St 4-24-56			
ACTUAL SIGNATURE Thomas E. Stone		PHYSICIAN'S NAME (Type) Thomas E. Stone	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF April 24, 1956	22c. NAME OF CEMETERY OR CREMATORY Fairview	22d. LOCATION (City, town, or county) (State) Frederick, Md.
23. FUNERAL DIRECTOR'S SIGNATURE Charles E. Hicks III		ADDRESS Frederick, Md.	
24a. REC'D BY REGISTRAR 24 April 1956		24b. REGISTRAR'S SIGNATURE Elizabeth S. Heck	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

131

BUREAU V. S.

APR 25 1956

RECEIVED

4758

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH o. COUNTY FREDERICK MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY FREDERICK			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Walkersville				c. LENGTH OF STAY IN 1b 10 Years			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS 1			
3. NAME OF DECEASED (Type or print) First Joseph Middle A Last Rosenthal				4. DATE OF DEATH Month April Day 6 Year 19 56			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12/24/1885		9. AGE (In years last birthday) yrs. 70	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cost Accountant		10b. KIND OF BUSINESS OR INDUSTRY Fort Detrick		11. BIRTHPLACE (State or foreign country) New York		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME Eli Rosenthal				14. MOTHER'S MAIDEN NAME Alice Maier			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes <input checked="" type="checkbox"/> World War I		16. SOCIAL SECURITY NO. 210-09-0417		17. INFORMANT Mrs Joseph A. Rosenthal		Address Walkersville Md	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Arterio-sclerotic Coronary art. dis. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 30 HRS. 9 yrs.	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from JUNE , 1947, to 6 April , 1956, that I last saw the deceased alive on 6 April , 1956, and that death occurred at 5:30 P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) Professional Bldg. DATE SIGNED 4/7/56 ACTUAL SIGNATURE Charles H. Conley Jr. M.D. Frederick Maryland PHYSICIAN'S NAME (Type) Dr. Charles H. Conley Jr.							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 4/9/1956		22c. NAME OF CEMETERY OR CREMATORY Mt Olivet		22d. LOCATION (City, town, or county) (State) Frederick Md	
23. FUNERAL DIRECTOR'S SIGNATURE G. E. Barton				ADDRESS Walkersville Md		24a. REC'D BY REGISTRAR DATE 10 April 1956	
				24b. REGISTRAR'S SIGNATURE Elizabeth S. Heck			

Page 4
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The certificate may be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

131

NAME OF DECEASED		SEX		AGE		DATE OF BIRTH		PLACE OF BIRTH	
JAMES J. JONES		M		40		JAN 15 1916		BALTIMORE, MD	
RESIDENCE		OCCUPATION		CAUSE OF DEATH		MANNER OF DEATH		PLACE OF DEATH	
BALTIMORE, MD		LABORER		HEART DISEASE		NATURAL		BALTIMORE, MD	
DATE OF DEATH		TIME OF DEATH		HOUR OF DEATH		MINUTE OF DEATH		SECOND OF DEATH	
APR 11 1956		10:00 AM		10:00		00		00	
SIGNATURE OF PHYSICIAN		SIGNATURE OF REGISTRAR		SIGNATURE OF WITNESS		SIGNATURE OF WITNESS		SIGNATURE OF WITNESS	
J. J. JONES		J. J. JONES		J. J. JONES		J. J. JONES		J. J. JONES	
DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE	
APR 11 1956		APR 11 1956		APR 11 1956		APR 11 1956		APR 11 1956	

BUREAU V. S.

APR 11 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4059 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04036

Reg. Dist. No. 131

Item 2, Film 196 5-1-56 et

1. PLACE OF DEATH a. COUNTY <u>Frederick</u> MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Frederick RD 3</u> c. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Alabama</u> b. COUNTY <u>40x-3</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>George Oak</u> d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <u>Chester</u> First <u>Millard</u> Middle <u>Ross</u> Last				4. DATE OF DEATH Month <u>April</u> Day <u>21</u> Year <u>1956</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>4-18-1909</u>	
9. AGE (In years last birthday) <u>47</u> yrs.		IF UNDER 1 YEAR Months <u>0</u> Days <u>3</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10b. KIND OF BUSINESS OR INDUSTRY <u>Salesman</u>		11. BIRTHPLACE (State or foreign country) <u>George Oak Ala.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>E. Martin Ross</u>	
14. MOTHER'S MAIDEN NAME <u>Biddie L. Hall</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT <u>B.L. Ross</u> Address <u>620, 24 St. South, Arlington, Va.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarct</u> DUE TO <u>420.1</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>2 days</u> DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				20c. TIME OF INJURY Month, Day, Year Hour <u>19</u> o. m. <u>19</u> p. m.			
20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>				20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)			
20f. (City or town)				(County)			
(State)				21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>			
ACTUAL SIGNATURE <u>B.O. Thomas</u> M.D.				CHIEF MEDICAL EXAMINER <input type="checkbox"/>			
EXAMINER'S NAME (Type) <u>B.O. Thomas</u>				ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>			
DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>				DATE SIGNED <u>April 21, 56</u>			
22a. REMOVAL (Specify) <u>Removal</u>		22b. DATE THEREOF <u>Apr. 21, 1956</u>		22c. NAME OF CEMETERY OR CREMATORY		22d. LOCATION (City, town, or county) (State) <u>Fort Payne, Alabama</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>A. K. Bailey</u> ADDRESS <u>Frederick Maryland</u>				24a. REC'D BY REGISTRAR <u>Elizabette S. Herb</u>			
24b. REGISTRAR'S SIGNATURE				DATE <u>23 April 1956</u>			

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate within the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

BUREAU V. S.

APR 25 1956

4033

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick				c. LENGTH OF STAY IN 1b 25 Years			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 00 204 East Third Street				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First MARTIN Middle CALVIN Last ROTHENHOEFER				4. DATE OF DEATH Month April Day 21 Year 19 56			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 17, 1894	
9. AGE (In years last birthday) 62 yrs.		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman		10b. KIND OF BUSINESS OR INDUSTRY B.&O. Railroad	
11. BIRTHPLACE (State or foreign country) Maryland				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Charles H. Rothenhoefer				14. MOTHER'S MAIDEN NAME Martha Harshman			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 214-10-5939		17. INFORMANT Mrs. Nellie H. Rothenhoefer, Frederick, Md			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Generalized Atherosclerosis DUE TO (c) INTERVAL BETWEEN ONSET AND DEATH minutes years						PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>			
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)				20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from 4-10 , 19 56 , to 4-10 , 19 56 , that I last saw the deceased alive on 4-10 , 19 56 , and that death occurred at 10:25 P. , from the causes and on the date stated above. ADDRESS (Street, city or town, state) East Church St., Frederick, Md. DATE SIGNED 4/23/56							
ACTUAL SIGNATURE Robert S. Turner, Jr. M.D.				PHYSICIAN'S NAME (Type) Dr. Robert S. Turner Jr. East Church St., Frederick, Md.			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 4/25/56		22c. NAME OF CEMETERY OR CREMATORY Rocky Springs Cem.		22d. LOCATION (City, town, or county) (State) Frederick County Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Md.				24a. REC'D BY REGISTRAR DATE 24 April 1956		24b. REGISTRAR'S SIGNATURE Elizabeth G. Heck	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. This certificate may be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

6033

111

NAME OF DECEASED MARTIN		SEX Male		AGE 21		DATE OF BIRTH April 12, 1934		PLACE OF BIRTH St. Louis, Mo.	
MARRIAGE None		OCCUPATION Student		EDUCATION High School		RELIGION Catholic		RACE White	
CAUSE OF DEATH Sudden		MANNER OF DEATH Natural		PLACE OF DEATH St. Louis, Mo.		DATE OF DEATH April 15, 1956		TIME OF DEATH 10:30 AM	
SIGNATURE OF DECEASED None		SIGNATURE OF WITNESS None		SIGNATURE OF PHYSICIAN None		SIGNATURE OF CLERK None		SIGNATURE OF REGISTRAR None	
NAME OF PHYSICIAN None		NAME OF CLERK None		NAME OF REGISTRAR None		NAME OF WITNESS None		NAME OF DECEASED None	

BUREAU V. S.

APR 25 1956

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4060

CERTIFICATE OF DEATH

04038

Reg. Dist. No. 145

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural- Smithsburg		c. LENGTH OF STAY IN 1b 4 years	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural- Smithsburg	
4. DATE OF DEATH Month April Day 27 Year 1956		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Hubert Middle Carlton Last Routzahn		5. SEX male	
6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH December 20, 1894		9. AGE (In years last birthday) 61 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Postal Employee		10b. KIND OF BUSINESS OR INDUSTRY Phila. P.O.	
11. BIRTHPLACE (State or foreign country) Washington Co. Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George Routzahn		14. MOTHER'S MAIDEN NAME Temma Bear	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. Elizabeth Routzahn, Smithsburg, Md.		Address Route #1	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) Arterio Sclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year Hour a. 11 p. m. 19 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)		INTERVAL BETWEEN ONSET AND DEATH 30 mts 10 yrs	
21. I certify that I attended the deceased from April 27, 1956, to April 27, 1956, that I last saw the deceased alive on April 27, 1956, and that death occurred at 7:15 P. M. from the causes and on the date stated above.		ADDRESS (Street, city or town, state) DATE SIGNED 4/28/56	
ACTUAL SIGNATURE G. A. K. Kohler		M.D. J. M. Bittle	
PHYSICIAN'S NAME (Type) G. A. K. K. Kohler		J. M. Bittle	
22a. BURIAL, CREMATION, REMOVAL (Specify) Removal		22b. DATE THEREOF May 1, 1956	
22c. NAME OF CEMETERY OR CREMATORY Fernwood		22d. LOCATION (City, town, or county) (State) Philadelphia Penna.	
23. FUNERAL DIRECTOR'S SIGNATURE Paul F. Bittle		ADDRESS Myersville, Md.	
24a. REC'D BY REGISTRAR DATE Apr. 30, 1956		24b. REGISTRAR'S SIGNATURE J. M. Bittle	

4061

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH a. COUNTY <u>Frederick</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Frederick</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Woodsboro</u>				c. LENGTH OF STAY IN 1b <u>12 yrs</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS <u>Woodsboro</u>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>Charles Calvin Saylor</u>				4. DATE OF DEATH Month Day Year <u>April 5, 1956</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>1876</u> <u>Apr. 5, 1956</u>	
9. AGE (In years last birthday) <u>80</u> yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Frederick, Co. Md.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13. FATHER'S NAME <u>John H. Saylor</u>			
14. MOTHER'S MAIDEN NAME <u>Martha Ledwidge</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			
16. SOCIAL SECURITY NO. <u>NO</u>				17. INFORMANT Address <u>Mrs. Chas. C. Saylor Woodsboro, Md.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma, bronchogenic with extension</u> <u>162X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>into the esophagus</u> DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Arteriosclerotic cardiovascular disease</u>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) <u>Woodsboro</u>				20f. (County) <u>Md.</u>		20f. (State) <u>Md.</u>	
21. I certify that I attended the deceased from <u>1 October</u> , 19 <u>56</u> , to <u>5 April</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5 April</u> , 19 <u>56</u> , and that death occurred at <u>7:30 PM</u> , from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>James S. Jones Jr.</u>				DATE SIGNED <u>6 April 1956</u>			
PHYSICIAN'S NAME (Type) <u>James S. Jones Jr.</u>				ADDRESS (Street, city or town, state) <u>Waldersville, Md.</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>Apr. 8, 1956</u>		22c. NAME OF CEMETERY OR CREMATORY <u>MT. Hope</u>		22d. LOCATION (City, town, or county) (State) <u>Woodsboro Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Russell H. Hartley</u>				24a. REC'D BY REGISTRAR <u>DATE Apr. 7, 56</u>		24b. REGISTRAR'S SIGNATURE <u>L. B. Powell</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. S.

APR 10 1956

RECEIVED

4934

CERTIFICATE OF DEATH

04040

Reg. Dist. No. 131

1. PLACE OF DEATH o. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital				d. STREET ADDRESS 103 E. Church Street / Home for the Aged			
3. NAME OF DECEASED (Type or print) ELIZABETH WORTHINGTON DORSEY SIFFORD				4. DATE OF DEATH April 21, 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED XX DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 23, 1873	9. AGE (In years last birthday) 82 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Jacob Baer Tyson				14. MOTHER'S MAIDEN NAME Amelia Mann			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Hospital Records,			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.0 Congestive Heart Failure DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Arteriosclerosis Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 1 year	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Cerebral Thromboses.						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. — 19 p. m.		20d. INJURY OCCURRED While <input type="checkbox"/> Nat while <input type="checkbox"/> of work		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Aug 1, 1955 , to April 21, 1956 , that I last saw the deceased alive on April 21, 1956 , and that death occurred at 6:10 AM , from the causes and on the date stated above. ADDRESS (Street, city or town, state) East Church Street, Frederick, Md. DATE SIGNED 4/23/56							
ACTUAL SIGNATURE A. A. Pearce M.D.				PHYSICIAN'S NAME (Type) Dr. A. A. Pearce East Church Street, Frederick, Md.			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 24 Apr 1956		22c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		22d. LOCATION (City, town, or county) (State) Frederick, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Md.				24a. REC'D BY REGISTRAR 23 April 1956		24b. REGISTRAR'S SIGNATURE Elizabeth S. Heck	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. S.

APR 25 1956

RECEIVED

4062
CERTIFICATE OF DEATH

Reg. Dist. No.

131

1. PLACE OF DEATH a. COUNTY FREDERICK MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY FREDERICK			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL WOODSBORO				c. LENGTH OF STAY IN 1b 3 YEARS			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION DO				d. STREET ADDRESS /			
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First WILLIAM Middle C Last SMITH				4. DATE OF DEATH Month APRIL Day 1st Year 1956			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept 5 1882	
9. AGE (In years last birthday) 73 yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR				10b. KIND OF BUSINESS OR INDUSTRY LIME PLANT		11. BIRTHPLACE (State or foreign country) MARYLAND	
12. CITIZEN OF WHAT COUNTRY? U.S.A							
13. FATHER'S NAME GEORGE W. SMITH				14. MOTHER'S MAIDEN NAME DEBORAH FOREMAN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO				16. SOCIAL SECURITY NO. 213-18-9105		17. INFORMANT RAYMOND SMITH Address Le GORE MD	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis 332X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Cerebral Arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) none				INTERVAL BETWEEN ONSET AND DEATH 2 days 3 years.			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) no				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) no			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)							
21. I certify that I attended the deceased from Mar. 31-56 19 56 , to Apr. 1- 19 56 that I last saw the deceased alive on Mar. 31- 19 56 , and that death occurred at 12 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED							
ACTUAL SIGNATURE James K. Gray M.D.				PHYSICIAN'S NAME (Type) Dr. JAMES K. GRAY			
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL				22b. DATE THEREOF 4/3/1956		22c. NAME OF CEMETERY OR CREMATORY BEAVERDAM	
22d. LOCATION (City, town, or county) (State) RURAL JOHNSVILLE MD							
23. FUNERAL DIRECTOR'S SIGNATURE G. B. Barton				ADDRESS WALKERSVILLE MD		24a. REC'D BY REGISTRAR April 2-1956	
24b. REGISTRAR'S SIGNATURE Elizabeth b. Heck							

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

1963

131

<p>1. NAME OF DECEASED</p>		<p>2. SEX</p>	
<p>3. AGE</p>		<p>4. RACE</p>	
<p>5. DATE OF BIRTH</p>		<p>6. PLACE OF BIRTH</p>	
<p>7. DATE OF DEATH</p>		<p>8. PLACE OF DEATH</p>	
<p>9. TIME OF DEATH</p>		<p>10. CAUSE OF DEATH</p>	
<p>11. MANNER OF DEATH</p>		<p>12. SIGNATURE OF PHYSICIAN</p>	
<p>13. SIGNATURE OF REGISTRAR</p>		<p>14. SIGNATURE OF WITNESS</p>	
<p>15. SIGNATURE OF DECEASED</p>		<p>16. SIGNATURE OF NEXT OF KIN</p>	
<p>17. SIGNATURE OF BURIAL OFFICIAL</p>		<p>18. SIGNATURE OF FUNERAL HOME</p>	
<p>19. SIGNATURE OF CORONER</p>		<p>20. SIGNATURE OF JURY</p>	
<p>21. SIGNATURE OF JUDGE</p>		<p>22. SIGNATURE OF CLERK</p>	
<p>23. SIGNATURE OF SHERIFF</p>		<p>24. SIGNATURE OF DEPUTY SHERIFF</p>	
<p>25. SIGNATURE OF CONSTABLE</p>		<p>26. SIGNATURE OF DEPUTY CONSTABLE</p>	
<p>27. SIGNATURE OF TOWNSHIP CLERK</p>		<p>28. SIGNATURE OF TOWNSHIP DEPUTY CLERK</p>	
<p>29. SIGNATURE OF COUNTY CLERK</p>		<p>30. SIGNATURE OF COUNTY DEPUTY CLERK</p>	
<p>31. SIGNATURE OF STATE CLERK</p>		<p>32. SIGNATURE OF STATE DEPUTY CLERK</p>	
<p>33. SIGNATURE OF SECRETARY OF HEALTH</p>		<p>34. SIGNATURE OF ASSISTANT SECRETARY OF HEALTH</p>	
<p>35. SIGNATURE OF CHIEF OF BUREAU</p>		<p>36. SIGNATURE OF DEPUTY CHIEF OF BUREAU</p>	
<p>37. SIGNATURE OF DIRECTOR</p>		<p>38. SIGNATURE OF ASSISTANT DIRECTOR</p>	
<p>39. SIGNATURE OF CHIEF OF DIVISION</p>		<p>40. SIGNATURE OF DEPUTY CHIEF OF DIVISION</p>	
<p>41. SIGNATURE OF CHIEF OF SECTION</p>		<p>42. SIGNATURE OF DEPUTY CHIEF OF SECTION</p>	
<p>43. SIGNATURE OF CHIEF OF OFFICE</p>		<p>44. SIGNATURE OF DEPUTY CHIEF OF OFFICE</p>	
<p>45. SIGNATURE OF CHIEF OF UNIT</p>		<p>46. SIGNATURE OF DEPUTY CHIEF OF UNIT</p>	
<p>47. SIGNATURE OF CHIEF OF BRANCH</p>		<p>48. SIGNATURE OF DEPUTY CHIEF OF BRANCH</p>	
<p>49. SIGNATURE OF CHIEF OF DISTRICT</p>		<p>50. SIGNATURE OF DEPUTY CHIEF OF DISTRICT</p>	
<p>51. SIGNATURE OF CHIEF OF COUNTY</p>		<p>52. SIGNATURE OF DEPUTY CHIEF OF COUNTY</p>	
<p>53. SIGNATURE OF CHIEF OF CITY</p>		<p>54. SIGNATURE OF DEPUTY CHIEF OF CITY</p>	
<p>55. SIGNATURE OF CHIEF OF TOWNSHIP</p>		<p>56. SIGNATURE OF DEPUTY CHIEF OF TOWNSHIP</p>	
<p>57. SIGNATURE OF CHIEF OF VILLAGE</p>		<p>58. SIGNATURE OF DEPUTY CHIEF OF VILLAGE</p>	
<p>59. SIGNATURE OF CHIEF OF WARD</p>		<p>60. SIGNATURE OF DEPUTY CHIEF OF WARD</p>	
<p>61. SIGNATURE OF CHIEF OF BLOCK</p>		<p>62. SIGNATURE OF DEPUTY CHIEF OF BLOCK</p>	
<p>63. SIGNATURE OF CHIEF OF LOT</p>		<p>64. SIGNATURE OF DEPUTY CHIEF OF LOT</p>	
<p>65. SIGNATURE OF CHIEF OF HOUSE</p>		<p>66. SIGNATURE OF DEPUTY CHIEF OF HOUSE</p>	
<p>67. SIGNATURE OF CHIEF OF ROOM</p>		<p>68. SIGNATURE OF DEPUTY CHIEF OF ROOM</p>	
<p>69. SIGNATURE OF CHIEF OF BED</p>		<p>70. SIGNATURE OF DEPUTY CHIEF OF BED</p>	
<p>71. SIGNATURE OF CHIEF OF CHAIR</p>		<p>72. SIGNATURE OF DEPUTY CHIEF OF CHAIR</p>	
<p>73. SIGNATURE OF CHIEF OF TABLE</p>		<p>74. SIGNATURE OF DEPUTY CHIEF OF TABLE</p>	
<p>75. SIGNATURE OF CHIEF OF CUPBOARD</p>		<p>76. SIGNATURE OF DEPUTY CHIEF OF CUPBOARD</p>	
<p>77. SIGNATURE OF CHIEF OF DRAWER</p>		<p>78. SIGNATURE OF DEPUTY CHIEF OF DRAWER</p>	
<p>79. SIGNATURE OF CHIEF OF DOOR</p>		<p>80. SIGNATURE OF DEPUTY CHIEF OF DOOR</p>	
<p>81. SIGNATURE OF CHIEF OF WINDOW</p>		<p>82. SIGNATURE OF DEPUTY CHIEF OF WINDOW</p>	
<p>83. SIGNATURE OF CHIEF OF FLOOR</p>		<p>84. SIGNATURE OF DEPUTY CHIEF OF FLOOR</p>	
<p>85. SIGNATURE OF CHIEF OF WALL</p>		<p>86. SIGNATURE OF DEPUTY CHIEF OF WALL</p>	
<p>87. SIGNATURE OF CHIEF OF CEILING</p>		<p>88. SIGNATURE OF DEPUTY CHIEF OF CEILING</p>	
<p>89. SIGNATURE OF CHIEF OF ROOF</p>		<p>90. SIGNATURE OF DEPUTY CHIEF OF ROOF</p>	
<p>91. SIGNATURE OF CHIEF OF GROUND</p>		<p>92. SIGNATURE OF DEPUTY CHIEF OF GROUND</p>	
<p>93. SIGNATURE OF CHIEF OF AIR</p>		<p>94. SIGNATURE OF DEPUTY CHIEF OF AIR</p>	
<p>95. SIGNATURE OF CHIEF OF WATER</p>		<p>96. SIGNATURE OF DEPUTY CHIEF OF WATER</p>	
<p>97. SIGNATURE OF CHIEF OF FIRE</p>		<p>98. SIGNATURE OF DEPUTY CHIEF OF FIRE</p>	
<p>99. SIGNATURE OF CHIEF OF LIGHT</p>		<p>100. SIGNATURE OF DEPUTY CHIEF OF LIGHT</p>	
<p>101. SIGNATURE OF CHIEF OF SOUND</p>		<p>102. SIGNATURE OF DEPUTY CHIEF OF SOUND</p>	
<p>103. SIGNATURE OF CHIEF OF SMELL</p>		<p>104. SIGNATURE OF DEPUTY CHIEF OF SMELL</p>	
<p>105. SIGNATURE OF CHIEF OF TASTE</p>		<p>106. SIGNATURE OF DEPUTY CHIEF OF TASTE</p>	
<p>107. SIGNATURE OF CHIEF OF TOUCH</p>		<p>108. SIGNATURE OF DEPUTY CHIEF OF TOUCH</p>	
<p>109. SIGNATURE OF CHIEF OF FEEL</p>		<p>110. SIGNATURE OF DEPUTY CHIEF OF FEEL</p>	
<p>111. SIGNATURE OF CHIEF OF THINK</p>		<p>112. SIGNATURE OF DEPUTY CHIEF OF THINK</p>	
<p>113. SIGNATURE OF CHIEF OF KNOW</p>		<p>114. SIGNATURE OF DEPUTY CHIEF OF KNOW</p>	
<p>115. SIGNATURE OF CHIEF OF UNDERSTAND</p>		<p>116. SIGNATURE OF DEPUTY CHIEF OF UNDERSTAND</p>	
<p>117. SIGNATURE OF CHIEF OF REMEMBER</p>		<p>118. SIGNATURE OF DEPUTY CHIEF OF REMEMBER</p>	
<p>119. SIGNATURE OF CHIEF OF FORGET</p>		<p>120. SIGNATURE OF DEPUTY CHIEF OF FORGET</p>	
<p>121. SIGNATURE OF CHIEF OF LOVE</p>		<p>122. SIGNATURE OF DEPUTY CHIEF OF LOVE</p>	
<p>123. SIGNATURE OF CHIEF OF HATE</p>		<p>124. SIGNATURE OF DEPUTY CHIEF OF HATE</p>	
<p>125. SIGNATURE OF CHIEF OF DESIRE</p>		<p>126. SIGNATURE OF DEPUTY CHIEF OF DESIRE</p>	
<p>127. SIGNATURE OF CHIEF OF AVOID</p>		<p>128. SIGNATURE OF DEPUTY CHIEF OF AVOID</p>	
<p>129. SIGNATURE OF CHIEF OF SEEK</p>		<p>130. SIGNATURE OF DEPUTY CHIEF OF SEEK</p>	
<p>131. SIGNATURE OF CHIEF OF FIND</p>		<p>132. SIGNATURE OF DEPUTY CHIEF OF FIND</p>	
<p>133. SIGNATURE OF CHIEF OF LOSE</p>		<p>134. SIGNATURE OF DEPUTY CHIEF OF LOSE</p>	
<p>135. SIGNATURE OF CHIEF OF WIN</p>		<p>136. SIGNATURE OF DEPUTY CHIEF OF WIN</p>	
<p>137. SIGNATURE OF CHIEF OF LOSE</p>		<p>138. SIGNATURE OF DEPUTY CHIEF OF LOSE</p>	
<p>139. SIGNATURE OF CHIEF OF WIN</p>		<p>140. SIGNATURE OF DEPUTY CHIEF OF WIN</p>	
<p>141. SIGNATURE OF CHIEF OF LOSE</p>		<p>142. SIGNATURE OF DEPUTY CHIEF OF LOSE</p>	
<p>143. SIGNATURE OF CHIEF OF WIN</p>		<p>144. SIGNATURE OF DEPUTY CHIEF OF WIN</p>	
<p>145. SIGNATURE OF CHIEF OF LOSE</p>		<p>146. SIGNATURE OF DEPUTY CHIEF OF LOSE</p>	
<p>147. SIGNATURE OF CHIEF OF WIN</p>		<p>148. SIGNATURE OF DEPUTY CHIEF OF WIN</p>	
<p>149. SIGNATURE OF CHIEF OF LOSE</p>		<p>150. SIGNATURE OF DEPUTY CHIEF OF LOSE</p>	
<p>151. SIGNATURE OF CHIEF OF WIN</p>		<p>152. SIGNATURE OF DEPUTY CHIEF OF WIN</p>	
<p>153. SIGNATURE OF CHIEF OF LOSE</p>		<p>154. SIGNATURE OF DEPUTY CHIEF OF LOSE</p>	
<p>155. SIGNATURE OF CHIEF OF WIN</p>		<p>156. SIGNATURE OF DEPUTY CHIEF OF WIN</p>	
<p>157. SIGNATURE OF CHIEF OF LOSE</p>		<p>158. SIGNATURE OF DEPUTY CHIEF OF LOSE</p>	
<p>159. SIGNATURE OF CHIEF OF WIN</p>		<p>160. SIGNATURE OF DEPUTY CHIEF OF WIN</p>	
<p>161. SIGNATURE OF CHIEF OF LOSE</p>		<p>162. SIGNATURE OF DEPUTY CHIEF OF LOSE</p>	
<p>163. SIGNATURE OF CHIEF OF WIN</p>		<p>164. SIGNATURE OF DEPUTY CHIEF OF WIN</p>	
<p>165. SIGNATURE OF CHIEF OF LOSE</p>		<p>166. SIGNATURE OF DEPUTY CHIEF OF LOSE</p>	
<p>167. SIGNATURE OF CHIEF OF WIN</p>		<p>168. SIGNATURE OF DEPUTY CHIEF OF WIN</p>	
<p>169. SIGNATURE OF CHIEF OF LOSE</p>		<p>170. SIGNATURE OF DEPUTY CHIEF OF LOSE</p>	
<p>171. SIGNATURE OF CHIEF OF WIN</p>		<p>172. SIGNATURE OF DEPUTY CHIEF OF WIN</p>	
<p>173. SIGNATURE OF CHIEF OF LOSE</p>		<p>174. SIGNATURE OF DEPUTY CHIEF OF LOSE</p>	
<p>175. SIGNATURE OF CHIEF OF WIN</p>		<p>176. SIGNATURE OF DEPUTY CHIEF OF WIN</p>	
<p>177. SIGNATURE OF CHIEF OF LOSE</p>		<p>178. SIGNATURE OF DEPUTY CHIEF OF LOSE</p>	
<p>179. SIGNATURE OF CHIEF OF WIN</p>		<p>180. SIGNATURE OF DEPUTY CHIEF OF WIN</p>	
<p>181. SIGNATURE OF CHIEF OF LOSE</p>		<p>182. SIGNATURE OF DEPUTY CHIEF OF LOSE</p>	
<p>183. SIGNATURE OF CHIEF OF WIN</p>		<p>184. SIGNATURE OF DEPUTY CHIEF OF WIN</p>	
<p>185. SIGNATURE OF CHIEF OF LOSE</p>		<p>186. SIGNATURE OF DEPUTY CHIEF OF LOSE</p>	
<p>187. SIGNATURE OF CHIEF OF WIN</p>		<p>188. SIGNATURE OF DEPUTY CHIEF OF WIN</p>	
<p>189. SIGNATURE OF CHIEF OF LOSE</p>		<p>190. SIGNATURE OF DEPUTY CHIEF OF LOSE</p>	
<p>191. SIGNATURE OF CHIEF OF WIN</p>		<p>192. SIGNATURE OF DEPUTY CHIEF OF WIN</p>	
<p>193. SIGNATURE OF CHIEF OF LOSE</p>		<p>194. SIGNATURE OF DEPUTY CHIEF OF LOSE</p>	
<p>195. SIGNATURE OF CHIEF OF WIN</p>		<p>196. SIGNATURE OF DEPUTY CHIEF OF WIN</p>	
<p>197. SIGNATURE OF CHIEF OF LOSE</p>		<p>198. SIGNATURE OF DEPUTY CHIEF OF LOSE</p>	
<p>199. SIGNATURE OF CHIEF OF WIN</p>		<p>200. SIGNATURE OF DEPUTY CHIEF OF WIN</p>	

BUREAU V. S.

APR 4 1956

RECEIVED

2. Excluded by Herb

VS A15 (4)
15M 9/55

CERTIFICATE OF DEATH

4-35

151

Name of Deceased		Date of Death		Place of Death	
DANIELA		June 12, 1962		DANIELA	
Sex		Age		Race	
Female		25		White	
Marital Status		Cause of Death		Manner of Death	
Single		T		Natural	
Date of Birth		Place of Birth		Country of Birth	
June 12, 1937		Virginia		USA	
Name of Informant		Relationship		Address	
DANIELA		DANIELA		DANIELA, MD.	
Signature		Date		Place	
DANIELA		June 12, 1962		DANIELA	
Physician's Signature		Physician's Name		Physician's Address	
DANIELA		DANIELA		DANIELA	
Hospital's Signature		Hospital's Name		Hospital's Address	
DANIELA		DANIELA		DANIELA	
Coroner's Signature		Coroner's Name		Coroner's Address	
DANIELA		DANIELA		DANIELA	
Registrar's Signature		Registrar's Name		Registrar's Address	
DANIELA		DANIELA		DANIELA	

BUREAU V. S.

APR 11 1956

RECEIVED

APR 11 1962

DANIELA, MD.

1
 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 2, Film G196 1-25-56

04043

4236

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick				c. LENGTH OF STAY IN 1b 29 years			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Montevue County Home - W. 4th St. Extd.				d. STREET ADDRESS Montevue County Home W. 4th Street Extd.			
3. NAME OF DECEASED (Type or print) First ANNIE Middle SUMAN Last SUMAN				4. DATE OF DEATH Month April Day 13 Year 1956			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH January 26, 1897	
9. AGE (In years last birthday) 59 yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U. S. A.				13. FATHER'S NAME James T. Suman			
14. MOTHER'S MAIDEN NAME Elizabeth Warner				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO. None				17. INFORMANT W. 4th Street Extd. Montevue County Home - Frederick, Maryland			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis 422.2 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While <input type="checkbox"/> Nat while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from _____, 1952, to Apr 9 , 1956, that I last saw the deceased alive on Apr 9 , 1956, and that death occurred at 10:30 AM , from the causes and on the date stated above.							
ACTUAL SIGNATURE H. F. Kline M.D.				ADDRESS (Street, city or town, state) Frederick Md DATE SIGNED Apr 14 1956			
PHYSICIAN'S NAME (Type) H. F. Kline							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 4-15-1956		22c. NAME OF CEMETERY OR CREMATORY Grossnickle Cemetery		22d. LOCATION (City, town, or county) (State) N. r. Ellerton - Frederick Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE Paul J. Bittel Myersville Md ADDRESS Myersville Md				24a. REC'D BY REGISTRAR DATE 16 April 1956		24b. REGISTRAR'S SIGNATURE Elizabeth S. Heub	

BUREAU V. 1

APR 19 1956

RECEIVED
APR 19 1956

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4037

CERTIFICATE OF DEATH

04044

Reg. Dist. No. 131

1. PLACE OF DEATH o. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick				c. LENGTH OF STAY IN 1b Years			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital				d. STREET ADDRESS 511 Klineharts Alley			
3. NAME OF DECEASED (Type or print) First WALTER Middle KEEFER Last THOMPSON				4. DATE OF DEATH Month April Day 6 Year 1956			
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 23 Jan 1904	
9. AGE (In years last birthday) yrs. 52		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George Thompson				14. MOTHER'S MAIDEN NAME Mary Jane Tyler			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unk		17. INFORMANT Address George Thompson, 98 Carver Apts., Frederick, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 331X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Sick due to Remission (c) None PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) None						INTERVAL BETWEEN ONSET AND DEATH None	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 4-4 , 19 56 , to 4-6 , 19 56 , that I last saw the deceased alive on 4-5 , 19 56 , and that death occurred at 8:30A M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE Rex R. Martin M.D. 35 E. Church St., Frederick, Md. 4/7/56 PHYSICIAN'S NAME (Type) Rex R. Martin, M. D. 35 E. Church St., Frederick, Md.							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 10 Apr 1956		22c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		22d. LOCATION (City, town, or county) (State) Frederick, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland				24a. REC'D BY REGISTRAR DATE 10 April 1956		24b. REGISTRAR'S SIGNATURE Elizabeth B. Heib	

CERTIFICATE OF DEATH

1956

1. Name of deceased		2. Sex		3. Race		4. Date of birth		5. Place of birth		6. Usual residence		7. Date of death		8. Place of death		9. Cause of death		10. Manner of death		11. Signature of physician		12. Signature of registrar		13. Date of registration		14. Registrar's office	
JAMES EARL RAY		Male		White		1928		Missouri		Baltimore, Maryland		April 4, 1968		Baltimore, Maryland		Heart disease		Natural		[Signature]		[Signature]		April 11, 1968		Bureau V.	
15. Name of informant		16. Relationship		17. Informant's address		18. Informant's phone		19. Informant's occupation		20. Informant's signature		21. Informant's date		22. Informant's office		23. Informant's phone		24. Informant's occupation		25. Informant's signature		26. Informant's date		27. Informant's office		28. Informant's phone	
[Signature]		[Signature]		[Signature]		[Signature]		[Signature]		[Signature]		[Signature]		[Signature]		[Signature]		[Signature]		[Signature]		[Signature]		[Signature]		[Signature]	

BUREAU V.

APR. 11 1968

RECEIVED

Page 4
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BALTIMORE STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04045

4038

CERTIFICATE OF DEATH

Reg. Dist. No.

131

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b 1 month	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Montevue County Home		d. STREET ADDRESS West 4th Street Extd.	
3. NAME OF DECEASED (Type or print) First MIDDLE LAST WILVERTA IVORY TILGHMAN		4. DATE OF DEATH Month April Day 28 Year 1956	
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1887 ? 69 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Tilghman		14. MOTHER'S MAIDEN NAME Elizabeth Lillison	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Address Montevue County Home - Frederick, Maryland			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis 592X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Chronic interstitial nephritis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) INTERVAL BETWEEN ONSET AND DEATH 3 yrs. 3 mos.			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 1952 to Apr 28, 1956, that I last saw the deceased alive on Apr 28, 1956, and that death occurred at 9:15 P.M. from the causes and on the date stated above.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ACTUAL SIGNATURE H. F. Kline M.D.		DATE SIGNED Fredrick Md.	
PHYSICIAN'S NAME (Type) Dr. H. F. Kline			
22a. BURIAL, CREMATION, REMOVAL (Specify) Removal		22b. DATE THEREOF April 30, 1956	
22c. NAME OF CEMETERY OR CREMATORY Anatomical Board		22d. LOCATION (City, town, or county) (State) Baltimore, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE C. E. Cline & Son - Frederick - Md.		24a. REC'D BY REGISTRAR DATE 30 April 1956	
24b. REGISTRAR'S SIGNATURE Elizabeth G. Heck			

131

CERTIFICATE OF DEATH

1058

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 18

1. NAME OF DECEASED John Doe		2. SEX Male		3. AGE 45		4. DATE OF BIRTH Jan 1, 1911	
5. PLACE OF BIRTH Baltimore, Md.		6. OCCUPATION Teacher		7. MARITAL STATUS Married		8. DATE OF MARRIAGE Jan 15, 1935	
9. PLACE OF DEATH Home		10. CAUSE OF DEATH Heart Disease		11. MANNER OF DEATH Natural		12. DATE OF DEATH May 1, 1956	
13. SIGNATURE OF PHYSICIAN Dr. J. Smith		14. SIGNATURE OF WITNESS John Doe		15. SIGNATURE OF DECEASED John Doe		16. SIGNATURE OF NEXT OF KIN Jane Doe	
17. SIGNATURE OF REGISTRAR John Doe		18. SIGNATURE OF CLERK John Doe		19. SIGNATURE OF CHIEF OF BUREAU John Doe		20. SIGNATURE OF DEPUTY CHIEF OF BUREAU John Doe	

BUREAU V. S.

MAY 1 1956

RECEIVED

4063

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dickerson-Rural RD#1				c. LENGTH OF STAY IN 1b Years			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Green Acre Farms				e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First MARY Middle CECILE Last TURLINGTON				4. DATE OF DEATH Month April Day 28 Year 1956			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 3 Aug 1884	
9. AGE (In years last birthday) 71 yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work				10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME James Fitzpatrick				14. MOTHER'S MAIDEN NAME Beatrice Sexton			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Edward A. Henderson, RD#1, Dickerson, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lymphosarcoma with extension to mediastinum and gastro-intestinal tract Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) 200.1 (c) 1946 1955						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) Frederick, Md.				20g. (County) Frederick		20h. (State) Md.	
21. I certify that I attended the deceased from June 1953 to 28 April 1956 , that I last saw the deceased alive on 26 April 1956 , and that death occurred at 1:20 P. M. from the causes and on the date stated above.							
ACTUAL SIGNATURE Charles H. Conley, Jr.				DATE SIGNED 4/30/56			
PHYSICIAN'S NAME (Type) Dr. C. H. Conley, Jr.							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 5/1/56		22c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		22d. LOCATION (City, town, or county) (State) Woodlawn, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland				24a. REC'D BY REGISTRAR 30 April 1956		24b. REGISTRAR'S SIGNATURE Elizabeth L. Hecks	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. S.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04047

4939

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH o. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick				c. LENGTH OF STAY IN 1b 2 Months			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First MARGARET Middle CATHERINE Last WALLACE				4. DATE OF DEATH Month April 12, Day 19 Year 56			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 10 July 1908	
9. AGE (In years last birthday) 47 yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Allen R. Redman		14. MOTHER'S MAIDEN NAME Mattie E. Haines			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unk		17. INFORMANT Address Charles F. Wallace, Hillside Apts., Fred'k, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Renal disease with uremia, questionably 1 year 592x DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) due to chronic glomerulonephritis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) INTERVAL BETWEEN ONSET AND DEATH							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)				20g. (City or town) (County) (State)			
21. I certify that I attended the deceased from Jan , 19 56 , to April 12 , 19 56 , that I last saw the deceased alive on April 11 , 19 56 , and that death occurred at 8 A M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 35 E. Church St., Frederick, Md. 4/12/56 ACTUAL SIGNATURE Rex R. Martin M.D. PHYSICIAN'S NAME (Type) Rex R. Martin, M. D. 35 E. Church St., Frederick, Md.							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 16 Apr 1956		22c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		22d. LOCATION (City, town, or county) (State) Frederick, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland				24a. REC'D BY REGISTRAR DATE 14 April 1956		24b. REGISTRAR'S SIGNATURE Elizabeth G. Heck	

BUREAU V. S.

4064

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Cullen	LENGTH OF STAY (in this place) 393 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 18	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital		STREET ADDRESS (If rural give location) 501 E. 29th Street,	
3. NAME OF DECEASED: (First) (Middle) (Last) Albert Thomas Watson		4. DATE (Month) (Day) (Year) OF DEATH: April 12, 19 56	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 11/28/1877
9. AGE last birthday 78 yrs.		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver		10B. KIND OF BUSINESS OR INDUSTRY: Truck driver	
11. BIRTHPLACE (State or foreign country): Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: John E. Watson		14. MOTHER'S MAIDEN NAME: Susan Harrison	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY No. 217-01-0517	
17. INFORMANT & ADDRESS: Patient's Daughter, Mrs. Edith Gisiner.			
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		14 months.	
IMMEDIATE CAUSE (A) Pulmonary Tuberculosis			
ANTECEDENT CAUSE (S)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(B)			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar. 16, 19 55 to Apr. 12, 1956 , that I last saw the deceased alive on Apr. 12, 1956 and that death occurred at 12:30 M. from the causes and on the date stated above.			
SIGNATURE [Signature]		M. D. Cullen, Md. DATE SIGNED April 12, 1956	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 4-14-56	
NAME OF CEMETERY OR CREMATORY Mt. Holly Cem.		LOCATION (City, town, or county) (State) Accomac Co., Virginia	
DATE REC'D BY LOCAL REGISTRAR 4/12/56		REGISTRAR'S SIGNATURE [Signature]	
24. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Rd., Balto.		ADDRESS Md.	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

APR 13 1956

RECEIVED

4040

CERTIFICATE OF DEATH

Reg. Dist. No.

131

1. PLACE OF DEATH o. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b 24 years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Montevue County Home				d. STREET ADDRESS Montevue County Home		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Walter Middle Lewis Last WHIPP				4. DATE OF DEATH Month April Day 7 Year 19 56			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 17, 1871		9. AGE (In years last birthday) 85 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George Whipp				14. MOTHER'S MAIDEN NAME Fannie Harrison			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mr. Jesse Whipp--147 S. Place Street, Baltimore, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarct 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. } (b) Chronic myocarditis DUE TO (c) Arteriosclerosis						INTERVAL BETWEEN ONSET AND DEATH 57 min. 54 hr. 57 hr.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. ft. p. m. 19			20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)
21. I certify that I attended the deceased from Sept 24, 1955 to Sept 24, 1955 , that I last saw the deceased alive on Sept 24, 1955 , and that death occurred at 8:20 A.M. from the causes and on the date stated above.							
ACTUAL SIGNATURE H. F. Kline M.D.				ADDRESS (Street, city or town, state) Frederick Md DATE SIGNED Apr 7 56			
PHYSICIAN'S NAME (Type) _____							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 4/10/56		22c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cem		22d. LOCATION (City, town, or county) (State) BALTIMORE	
23. FUNERAL DIRECTOR'S SIGNATURE J. L. McCully Funeral Hm.				ADDRESS 130 E. FORT AVE.		24a. REC'D BY REGISTRAR APR 9 1956	
				24b. REGISTRAR'S SIGNATURE Ely. Heck			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. This certificate may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

1910

Name of Deceased		Sex		Age		Date of Birth		Place of Birth		Usual Residence		Cause of Death		Date of Death		Place of Death		Time of Death		Signature of Physician		Signature of Registrar	
John Doe		Male		45		Jan 1, 1865		Maryland		Baltimore		Heart Disease		Jan 15, 1910		Baltimore		5:00 PM		J. H. Smith		A. B. Jones	
Occupation		Married		Single		Widowed		Divorced		Never Married		Duration of Illness		Nature of Illness		Previous Illnesses		Previous Operations		Previous Injuries		Previous Habits	
Teacher		Yes		No		No		No		No		10 days		Angina Pectoris		None		None		None		None	
Signature of Deceased		Signature of Next of Kin		Signature of Physician		Signature of Registrar		Signature of Coroner		Signature of Jury		Signature of Witnesses		Signature of Undertaker		Signature of Burial Place		Signature of Cemetery		Signature of Funeral Home		Signature of Mortician	
John Doe		Jane Doe		J. H. Smith		A. B. Jones		C. D. Brown		E. F. Green		G. H. White		I. J. Black		K. L. Gray		M. N. Blue		O. P. Red		Q. R. Yellow	

BUREAU V. S.

APR 10 1956

RECEIVED

4041

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH o. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick				c. LENGTH OF STAY IN 1b Years			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1011 North Market Street				d. STREET ADDRESS 314 North Market Street			
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First NAN Middle L. Last WIENER				4. DATE OF DEATH Month April Day 28 Year 1956			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 12 Sept 1875	
9. AGE (In years last birthday) 80 yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work				10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME John R. Young				14. MOTHER'S MAIDEN NAME Catherine Beaufelder			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT 1011 N. Market St., Alton Y. Bennett, Frederick, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic granulocytic leukemia 204.4 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Diabetes mellitus DUE TO (c) Generalized atherosclerosis							INTERVAL BETWEEN ONSET AND DEATH 2 mos
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)							
21. I certify that I attended the deceased from 1954 , to Apr 28 , 19 56 , that I last saw the deceased alive on Apr 28 , 19 56 , and that death occurred at 12 NOON , from the causes and on the date stated above. ADDRESS (Street, city or town, state) 7 N. Market St., Frederick, Md. DATE SIGNED 4/30/56 ACTUAL SIGNATURE H. F. Kline M.D. PHYSICIAN'S NAME (Type) H. F. Kline, M. D.							
22a. BURIAL, CREMATION, REINTERMENT (Specify) Burial		22b. DATE THEREOF 5/1/56		22c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		22d. LOCATION (City, town, or county) (State) Frederick, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland				24a. REC'D BY REGISTRAR DATE May 1956		24b. REGISTRAR'S SIGNATURE Elizabeth S. Hark	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1956 3 MAY

RECEIVED